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Eliminating racial and ethnic disparities in health

The National Leadership Summit on Eliminating Racial & Ethnic Disparities in Health

For the
Office of Minority Health
Office of Public Health and Science
U.S. Department of Health and Human Services
Rockville, Maryland
Developed by the Office of Minority Health Resource Center

"The listings on the following pages are not all inclusive. One should not conclude that the organizations listed, their products, or their services are favored or endorsed by the U.S. Department of Health & Human Services."

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Welcome

to the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

The Office of Minority Health, U.S. Department of Health and Human Services, is excited to be sponsoring this first National Leadership Summit. The Summit seeks to draw national attention to the existence of health disparities and to innovative approaches which address these disparities being implemented in our communities at the local, State, National, Federal, and Tribal levels. The mission of the Summit is to stimulate action at all levels to enhance program outcomes and help eliminate health disparities.

Under the direction of the Deputy Assistant Secretary for Minority Health, Dr. Nathan Stinson, the Office of Minority Health (OMH) advises the Secretary and the Office of Public Health and Science on public health issues affecting American Indians and Alaska Natives, Asian Americans, Blacks/African Americans, Hispanics/Latinos, Native Hawaiians and Other Pacific Islanders.

The Office of Minority Health (OMH) was created by the U.S. Department of Health and Human Services (HHS) in 1985 as a result of the Report of the Secretary's Task Force on Black and Minority Health. OMH works to improve the health of racial and ethnic minority populations through the development of effective health policies and programs aimed at eliminating disparities in health.

Together with HHS divisions and other Federal departments, OMH works to improve collection and analyses of data on the health of racial and ethnic populations. OMH also monitors efforts to achieve the goals of *Healthy People 2010,* which has a special focus on *eliminating*, and not merely *reducing*, racial and ethnic disparities in health.

The U.S. Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health employs five overarching strategies to conceptualize, direct, strengthen, and integrate action and activities in public health:

- Strengthening the science base for decision-making by fostering data collection efforts, research, demonstrations, and evaluations;
- Engaging in strategic communications to increase awareness and understanding of the major health problems confronting Americans, informing, educating, and empowering people about health and human services;
- Establishing, strengthening, and mobilizing partnerships to identify and solve health problems;
- Developing, improving, and enforcing policies, plans, laws, and regulations that support individual and community health and human service efforts; and
- Linking people to needed personal health and human services, assuring the provision of such services when otherwise unavailable, and ensuring an adequate and competent workforce to deliver such services.

These cross-cutting strategies are key to Federal, State, and local efforts to address health disparities and will be highlighted throughout the workshops and plenary sessions organized in three distinctive tracks: Access, Health Professions, and Research and Data.

to the National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health

While the Summit itself will be an important venue to highlight successful programs that are operating at the local, State, or national levels, Summit planners understand the importance of imparting skills with practical application. Workshop sessions are designed with the goal of providing "hands-on" learning experiences based on real life programs, challenges, and examples. Workshop presenters have been asked to incorporate "skills building" as part of the presentations and to make their presentations interactive rather than "sit and listen."

Your Summit planning committee is eager to ensure that participants leave the Summit with information and resources that can be used in the community. This "Community Resources Tool Kit" is designed to serve as a foundation for individuals and organizations looking to enhance their programs or start new programs. This Tool Kit includes:

- Data and Statistics;
- Federal and State Information;
- Initiatives and Programs; and
- Technical Assistance.

Additional information that can easily be added to your Took Kit, along with pertinent up-to-the-minute data will focus on specific diseases and cross-cutting issues. Additional items will be available on-site during the Summit. It is our hope by the conclusion of this Summit, you, the participant, will have:

- Learned about effective programs and strategies utilized to address barriers at the local, State and Federal levels;
- Enhanced your skills to affect change and mobilize resources in order to address health disparities;
- Engaged in dialogue and information sharing with key national, State and local experts engaged in developing and implementing programs and policies addressing health disparities at the community level;
- Gained additional insight about the connection between health and social/economic factors such as employment, housing, education, and the environment; and
- Enhanced your understanding of the need for all communities to work together as one and how the health of one community affects the health of all communities.

ENJOY YOUR SUMMIT!

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Websites that provide national, state, and local health information on various topics, including: state birth data; health status indicators for each county in the country; state health workforce profiles (how many doctors, nurses, etc); state health statistics; state cancer data, and more.

U.S. Population Overview

Since the last U.S. Census was taken, significant changes have occurred—in October 1997, the Office of Management and Budget (OMB) issued revised Federal standards for collecting and presenting data on race and ethnicity. Among other changes, the standards allow respondents when answering the race question option to "mark or select one or more races."

The OMB made this modification after considering recommendations from its Interagency Committee for the Review of Racial and Ethnic Standards, information obtained through public hearings and other sources of public opinion, and test results from the Census Bureau and other Federal agencies.

When discussing racial and ethnic terms, the language can be confusing depending on where the information comes from and how it is presented.

The Office of Minority Health classifies minorities into the following main groups: Black/ African American, American Indian/Alaska Native, Asian American, Hispanic/ Latino, and Native Hawaiian and Other Pacific Islanders.

In an effort to maintain the integrity of the information presented, the terminology each organization uses will not be replaced by the OMH terms or streamlined. For example, in the Healthy People 2010 sections:

- The term "American Indian" is used without its "Alaska Native" counterpart, when the data are collected only from the American Indian population.
- The term "American Indian or Alaska Native" is used when the data are collected from both populations and combined. In some cases, the original data does not distinguish between both populations so the data cannot be presented separately.
- In some cases, the term "Asian or Pacific Islander" is used when data are collected from both populations and combined.
- The term "Asian" signifies that the data were collected only from Asian populations (Native Hawaiian and Other Pacific Islanders were not included in these data).

The following section provides a thumbnail sketch of minority demographics in the United States—census numbers, geographic distribution, population growth, where to find state statistics, etc.

To read the *Racial and Ethnic Classifications Used in Census 2000 and Beyond*, go to http://www.census.gov/population/www/socdemo/race/racefactcb.html

U.S. POPULATION
AFRICAN AMERICAN

TERMINOLOGY

The term "African American or Black" refers to people having origins in any of the Black race groups in Africa—this includes people who reported themselves to be "Black, African American, or Negro" or wrote in entries such as Nigerian, Jamaican, African American, etc.

CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 12.9 percent (36.4 million) reported themselves to be African American or Black. 34.7 million reported being only African American and another 1.8 million reported themselves to be African American as well as one or more other races.

GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are African Americans living in every state of the U.S. but the majority—54 percent—live in the South. Nineteen percent lived in the Midwest, 18 percent were in the Northeast, and 10 percent were in the West.

New York, California, Texas, Florida, Georgia, Illinois, Maryland, North Carolina, Michigan, and Louisiana are the ten states with the largest African American populations, combining for 58 percent of the total African American population.

POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Non-Hispanic African Americans are:

- July 2006—35.8 million
- July 2010—37.5 million
- July 2015—39.5 million

Source: The Black Population 2000
Census Brief 2000
http://www.census.gov/prod/2001pubs/c2kbr01-5.pdf

KAISER FAMILY FOUNDATION'S STATE HEALTH FACTS ONLINE

This new resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation.
http:/www.statehealthfacts.kff.org/

U.S. POPULATION
AMERICAN INDIAN ALASKA NATIVE

TERMINOLOGY

The term "American Indian/Alaska Native" is used to refer to those having origins in any of the original peoples of North and South America, including Central America, and those who have tribal affiliations.

CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 4.1 million (1.5 percent) reported themselves to be American Indian/Alaska Native. Of the 4.1 million, 2.5 million reported only American Indian/Alaska Native, and the remaining 1.6 million reported American Indian/Alaska Native as well as one or more other races.

GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are American Indians living in every state of the U.S. but the majority—43 percent—live in the West. Thirty-one percent lived in the South, 17 percent were in the Midwest and 9 percent were in the Northeast.

The ten states with the largest American Indian populations in 2000, in order, were California, Oklahoma, Arizona, Texas, New Mexico, New York, Washington, North Carolina, Michigan, and Alaska. California (627,562) and Oklahoma (391,949) account for about 25 percent of the entire American Indian population.

The largest tribal groupings are Cherokee, Navajo, Latin American Indian, Choctaw, Sioux, Chippewa, Apache, Blackfeet, Iroquois, and Pueblo.

STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level.
http://quickfacts.census.gov/qfd/

ALASKA NATIVE

Eskimo was the largest Alaska Native tribal grouping followed by Tlingit-Haida, Alaska Athabascan, and Aleut. These four accounted for 3.6 percent of all American Indian and Alaska Native responses alone and 2.7 percent alone or in any combination.

POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for American Indian/Alaska Native Non-Hispanics are:

July 2006—2.2 million
July 2010—2.3 million
July 2015—2.4 million

Source: The American Indian and Alaska Native Population 2000 Census Brief 2000
http://www.census.gov/prod/2002pubs/c2kbr01-15.pdf

U.S. POPULATION
ASIAN AMERICAN

TERMINOLOGY

The term "Asian" refers to people having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent (Cambodia, China, India, Japan, Thailand, etc.) People reported themselves to be from the following minority groups: Chinese, Filipino, Japanese, Asian Indian, Korean, Vietnamese, Cambodian, Laotian, Thai, and others.

CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 11.9 million (4.2 percent) reported themselves to be Asian. Of that, 10.2 million (3.6 percent) reported being only Asian and 1.7 million (0.6 percent) reported being Asian as well as one or more other races.

In Census 2000, Chinese was the largest detailed Asian group in the United States followed by Filipinos, Asian Indians, Vietnamese, and Korean. Combined, Chinese, Filipinos, and Asian Indians account for 58 percent of all those who reported a single Asian group.

GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are Asians living in every state of the U.S. but the majority who reported Asian—49 percent—live in the West. Twenty percent lived in the Northeast, 19 percent lived in the South, and 12 percent were in the Midwest.

The ten states with the largest Asian populations in 2000 were California, New York, Hawaii, Texas, New Jersey, Illinois, Washington, Florida, Virginia, and Massachusetts. Combined, these 10 states account for 75 percent of the Asian population.

POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Asian and Pacific Islander Non-Hispanics are as such:

- July 2006—12.8 million
- July 2010—14.4 million
- July 2015—16.4 million

Source: The Asian Population 2000
Census Brief 2000
http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf

STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level.
http://quickfacts.census.gov/qfd/

U.S.POPULATION
HISPANIC/LATINO

TERMINOLOGY

In Census 2000, people of Spanish/Hispanic/Latino origin could identify themselves as Mexican, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino (writing in what term best described their ethnic origin).

CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, 12.5 percent (35.3 million) were Hispanic. Of the 35.3 million, 58.5 percent reported Mexican, 9.6 percent reported Puerto Rican, Cubans made up 3.5 percent and those reporting other Hispanics made up 28.4 percent.

GEOGRAPHIC DISTRIBUTION

According to Census 2000, there are Hispanics living in every state of the U.S. but the majority—43.5 percent—live in the West. The South was home to 32.8 percent of the Hispanic population, 14.9 percent lived in the Northeast, and 8.9 percent lived in the Midwest. Half of all Hispanics lived in California and Texas—11 million and 6.7 million respectively.

POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Hispanics are as such:

- July 2006—39.3 million
- July 2010—43.7 million
- July 2015—49.3 million

KAISER FAMILY FOUNDATION'S STATE HEALTH FACTS ONLINE

This new resource contains the latest state-level data on demographics, health, and health policy, including health coverage, access, financing, and state legislation. http:/www.statehealthfacts.kff.org/

Source:
The Hispanic Population 2000
Census 2000 Brief
http://www.census.gov/prod/2001pubs/c2kbr01-3.pdf

U.S. POPULATION
NATIVE HAWAIIAN OTHER PACIFIC ISLANDER

TERMINOLOGY

The term "Native Hawaiian and Other Pacific Islander" refers to people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

People reported themselves to be in the following minority groups: Polynesian, Hawaiian, Samoan, Tongan, Other Polynesian, Micronesian, Guamanian, Other Micronesian, and Pacific Islander not specified.

CENSUS NUMBERS

Of the 281.4 million people in the United States in 2000, only 0.3 percent (874,000) reported Native Hawaiian and Other Pacific Islander. This included 399,000 people who reported only Pacific Islander and 476,000 people who reported Native Hawaiian and Other Pacific Islander as well as one or more other races.

GEOGRAPHIC DISTRIBUTION

According to Census 2000, the majority of those who reported Pacific Islander—73 percent—lived in the West. 14 percent lived in the South, 7 percent lived in the Northeast, and 6 percent lived in the Midwest.

POPULATION GROWTH

According to the Population Projections Program, Population Division, U.S. Census Bureau, the growth projections for Asian and Pacific Islander Non-Hispanics are as such:

- July 2006—12.8 million
- July 2010—14.4 million
- July 2015—16.4 million

STATE AND COUNTY QUICKFACTS

QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level.
http://quickfacts.census.gov/qfd/

Source:
The Native Hawaiian and Other Pacific Islander Population 2000
Census 2000 Brief
http://www.census.gov/prod/2001pubs/c2kbr01-14.pdf

Data & Statistics

Minority Health Overview

Healthy People 2010 is the prevention agenda for the United States that builds on health initiatives pursued over the past two decades:

- In 1979, Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention provided national goals for reducing premature deaths and preserving independence for older adults;
- In 1980, another report, Promoting Health/Preventing Disease: Objectives for the Nation, set forth 226 targeted health objectives for the Nation to achieve over the next 10 years; and
- In 1990, Healthy People 2000: National Health Promotion and Disease Prevention Objectives identified health improvement goals and objectives to be reached by the year 2000.

The Healthy People 2010 initiative continues in this tradition as an instrument to improve health for the first decade of the 21st century. Healthy People 2010 is designed to achieve two overarching goals:

- Increase quality and years of healthy life, and
- Eliminate health disparities.

These two goals are supported by specific objectives in 28 focus areas (see column) with a specific target to be achieved by the year 2010.

As part of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Disparities in Health, the following 6 focus areas are being profiled due to the high rates of incidence and death among minority groups: ***cancer, cardiovascular disease and stroke, diabetes, HIV/AIDS, immunization, and infant mortality.***

Sectioned by race/ethnicity, each of the following sections looks at the leading causes of death, disparities, Healthy People 2010 goals and objectives, and current health information for the 6 focus groups.

Complete Healthy People 2010 Objectives

Access to Quality Health Services
Arthritis, Osteoporosis, and Chronic Back Conditions
Cancer
Chronic Kidney Disease
Diabetes
Disability/Secondary Conditions
Educational and Community-Based Programs
Environmental Health
Family Planning
Food Safety
Health Communication
Heart Disease and Stroke
HIV
Immunization and Infectious Diseases
Injury and Violence Prevention
Maternal, Infant, and Child Health
Medical Product Safety
Mental Health/Mental Disorders
Nutrition and Overweight
Occupational Safety and Health
Oral Health
Physical Activity and Fitness
Public Health Infrastructure
Respiratory Diseases
Sexually Transmitted Diseases
Substance Abuse
Tobacco Use
Vision and Hearing

15 Leading Causes of Death for African Americans, 1999

All African Americans	African American Women	African American Men
77,713 Heart Disease	40,636 Heart Disease	37,077 Heart Disease
61,409 Malignant Neoplasm	28,867 Malignant Neoplasm	32,542 Malignant Neoplasm
18,731 Cerebrovascular	10,908 Cerebrovascular	8,629 Unintentional Injury
12,533 Unintentional Injury	7,112 Diabetes Mellitus	7,823 Cerebrovascular
11,830 Diabetes Mellitus	3,904 Unintentional Injury	6,131 Homicide
7,840 Chronic Lower Respiratory Disease	3,675 Nephritis	5,377 HIV
7,751 HIV	3,388 Chronic Lower Respiratory Disease	4,718 Diabetes Mellitus
7,536 Homicide	3,178 Septicemia	4,452 Chronic Lower Respiratory Disease
6,659 Nephritis	3,008 Influenza & Pneumonia	2,984 Nephritis
5,794 Influenza & Pneumonia	2,374 HIV	2,818 Perinatal Period
5,772 Septicemia	2,182 Perinatal Period	2,786 Influenza & Pneumonia
5,000 Perinatal Period	2,158 Hypertension	2,594 Septicemia
3,708 Hypertension	1,636 Alzheimer's Disease	1,812 Liver Disease
2,793 Liver Disease	1,405 Homicide	1,630 Suicide
2,325 Alzheimer's Disease	981 Liver Disease	1,550 Hypertension

The following sections are covered in greater detail throughout the next chapter of African American Health.
Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section
Malignant Neoplasm – see Cancer section
Diabetes Mellitus – see Diabetes section
HIV – see HIV/AIDS section
Influenza & Pneumonia – see Immunization section
Perinatal Period – see Infant Mortality

Healthy People 2010 (HP2010) Cancer Goal

The Healthy People 2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer—the most common cancers found in African Americans.

Cancer Disparities for African Americans

- African Americans are about 34 percent more likely to die of cancer than are whites and more than two times more likely to die of cancer than are Asian or Pacific Islanders, American Indians, and Hispanics.
- African American women are more likely to die of breast and colon cancers than are women of any other racial and ethnic group, and they have approximately the same lung cancer death rates as white women.
- African American men have the highest death rates of colon and rectum, lung, and prostate cancers.
- Age-adjusted lung cancer death rates are approximately 40 percent higher among African American males than white males.
- Breast cancer deaths in African American females continue to increase, in part, because breast cancer is diagnosed at later stages in African American females.

HP2010 Cancer Objectives

Reduce the overall cancer death from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among African Americans (non-Hispanic) was 261.4 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among African Americans (non-Hispanic) was 67.0 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among African Americans (non-Hispanic) was 36.7 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer deaths among African Americans (non-Hispanic) was 28.2 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among African Americans (non-Hispanic) was 68.7 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

According to the American Cancer Society:

- In 2002, the American Cancer Society (ACS) estimates that 1,284,900 new cases of cancer will be diagnosed and 555,500 people will die from cancer in the United States
- Cancers most common in men are prostate, lung and bronchus, and colon and rectum, comprising

55 percent of all new cancer cases. Prostate cancer will account for 30 percent (189,000) of new cancer cases in men in 2002.

- Cancers most commonly diagnosed in women are breast, lung and bronchus, and colon and rectum, accounting for about 55 percent of new cancer cases. Breast cancer alone is expected to account for 31 percent (203,500) of all new cancer cases among women in 2002.

- For men, the most cancer deaths occur from lung and bronchus, prostate, and colon and rectum.

- For women, the most cancer deaths occur from lung and bronchus, breast, and colon and rectum in women. While there is more public awareness about breast cancer, lung cancer is the number one cause of cancer death in women, not breast cancer.

- Surpassing breast cancer as the leading cause of cancer death in 1987, lung cancer is expected to account for about 25 percent of all female cancer deaths in 2002.

- Overall, African Americans have the highest incidence and mortality rates for cancer.

- The incidence rate of cancer in African Americans is 60 percent higher than Hispanics and Asian/Pacific Islanders and is more than twice as high as the rate for American Indians.

- The mortality rate is about 33 percent higher in African Americans than among whites, and more than twice as high as cancer death rates in Asian/Pacific Islanders, American Indians, and Hispanics

- Except for female breast cancer incidence and female lung cancer death rates, where rates are highest in whites, race- and sex-specific incidence and death rates for the most common cancer sites are higher for African Americans than for any of the other racial and ethnic groups.

Trends in Cancer

- Cancer incidence rates decreased by 2 percent per year among Hispanics, by 1.7 percent for African Americans, and by 1.2 percent for whites, while rates remained relatively stable among American Indians/Alaska Natives and Asian/Pacific Islanders between 1992 and 1998.

- For all cancer sites combined, the annual mortality rate decreased 1.3 percent in African Americans, 1.2 percent in Asian/Pacific Islanders, 1.1 percent among whites, and 0.9 percent among Hispanics; and it leveled off in American Indians/Alaska Natives.

- For race- and sex-specific trends, African-American men showed the largest decrease in both incidence and mortality during the same calendar years.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
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800-367-4725
http://www.health.gov/healthypeople
For the complete list of cancer objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm
Note: All data age-adjusted to the year 2000 standard population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

American Cancer Society
1599 Clifton Road, NE
Atlanta, GA 30329
800-ACS-2345 (800-227-2345)
http://www.cancer.org
Note: The incidence and mortality data for this 2002 information was age-adjusted to the 2000 population standard of the United States.

Cardiovascular Disease/Stroke

Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through:

- The prevention, detection, and treatment of risk factors;
- Early identification and treatment of heart attacks and strokes; and
- Prevention of recurrent cardiovascular events.

Cardiovascular Disparities

- The prevalence of heart attacks among U.S. adults aged 20 years and older is 4.3 percent and 3.3 percent for African American (non-Hispanic) males and females, respectively.
- While White (non-Hispanic) men have a higher prevalence rate of heart attacks (5.2 percent) than African American men, White (non-Hispanic) women have a lower rate (2.0 percent) than African American women in the same group.

Stroke Disparities

- The prevalence of stroke for persons aged 20 years and older in the United States was 2.2 percent for White (non Hispanic) males and 1.5 percent for females. These percents are lower than those for African Americans (non-Hispanic)-2.5 percent for males and 3.2 percent for females.
- Stroke deaths are highest in African American females born before 1950 and in African American males born after 1950.
- Among the racial and gender groups, declines in the stroke death rate are smallest in African American males.
- When adjusted for age, stroke deaths are almost 80 percent higher in African Americans than in Whites and about 17 percent higher in males than in females.
- Age-specific stroke deaths are higher in African Americans than in Whites in all age groups up to age 84 years and higher in males than in females throughout all adult age groups.

HP2010 Cardiovascular Disease/Stroke Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among African Americans (non-Hispanic) was 255 per 100,000 population compared to the total population rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among African Americans (non-Hispanic) was 85 per 100,000 population compared to the total population rate of 62 per 100,000 population.

According to the American Heart Association:

- Cardiovascular disease (CVD) accounted for 33.8 percent of all deaths in African American men.
- African American men in the 65-84 age group had a higher number of cardiovascular deaths (23,324) than African American men in other age groups.
- CVD accounted for 40.8 percent of all deaths in African American women.
- African American women in the 65-84 age group had a higher number of cardiovascular deaths (26,864) than African American women in other age groups.

AFRICAN AMERICAN
HEALTH

- The overall death rate from CVD was 354.1 per 100,000 population but rose to 402.1 for African American women and to 526.0 for African American men.

- As many as 30 percent of all deaths in hypertensive African American men and 20 percent of all deaths in hypertensive African American women may be attributed to high blood pressure.

- Per 100,000 population, stroke death rates for African American men and women were 87.4 and 78.1, respectively.

- Young African Americans are 2-3 times more likely to have an ischemic stroke than their White counterparts.

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For the detailed list of cardiovascular and stroke objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm
Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-242-8721
http://www.americanheart.org

American Stroke Association
National Center
7272 Greenville Avenue
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888-478-7653
http://www.strokeassociation.org

Diabetes

Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Diabetes Disparities

- Gaps exist among racial and ethnic groups in the rate of diabetes and its associated complications in the United States.

- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.

- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.

- Deaths from diabetes are 2 times higher in the African American population than they are in the White population.

- Diabetes-associated renal failure is 2.5 times higher in the African American population than it is in the Hispanic population.

HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among African Americans (non-Hispanic) was 139 per 100,000 population.

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among African Americans (non-Hispanic) with

diabetes was 328 per 100,000 population.

Increase the percent of annual dilated eye examinations in persons with diabetes, ages 18 years and over, to 75 percent.

- In 1999, the percentage of diabetic African Americans who received an annual dilated eye examinations was 67 percent.

Increase the percent of people, ages 18 and older, who receive diabetes education to 60 percent.

- In 1999, the percentage of African Americans who received diabetes education was 51 percent.

According to the Department of Health and Human Services (HHS):

- Nearly 16 million of all Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic), sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.
- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.
- An updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.
- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

According to the National Institute on Diabetes & Digestive & Kidney Diseases (NIDDK)

- Approximately 8 percent of all Whites have diabetes-that is about 11.4 million people.

AFRICAN AMERICAN HEALTH

- Approximately 13 percent of all African Americans have diabetes-that is about 2.8 million people.
- On average, African Americans are two times more likely to have diabetes than Whites (non-Hispanic) of similar age.
- The frequency of diabetic retinopathy is 40 percent to 50 percent higher in African Americans than in Whites, according to NHANES III data.
- Death rates for people with diabetes are 27 percent higher for African Americans compared with Whites.
- The highest incidence of diabetes in African Americans occurs between 65 and 74 years of age. Twenty-five percent of these individuals have diabetes.
- African Americans with diabetes experience kidney failure, also called end-stage renal disease (ESRD), about four times more often than diabetic Whites.

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800-367-4725
http://www.health.gov/healthypeople
For the detailed list of diabetes objectives, go to http:/www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm
Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database—February 2002 Edition

National Diabetes Information Clearinghouse (NDIC)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
301-654-3327
301-907-8906 Fax
http://www.niddk.nih.gov/health/diabetes/pubs/afam/afam.htm

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HEALTH

HIV/AIDS

Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

HIV Disparities

- By the end of 1998, the number of African Americans living with AIDS was almost identical to that of Whites.
- The rate of African Americans living with AIDS increased from 33 percent in 1992 to 40 percent in 1998.
- In 1998, 55 percent of the reported AIDS cases occurred among African Americans and Hispanics, yet these two population groups represent an estimated 13 percent and 12 percent, respectively, of the total U.S. population.
- The AIDS case rate among African Americans in calendar year 1998 was 66.4 per 100,000 persons, or eight times the rate for Whites (8.2 per 100,000) and over twice the rate for Hispanics (28.1 per 100,000).
- Among women with AIDS, African Americans and Hispanics have been especially affected, accounting for nearly 77 percent of cumulative cases reported among women by 1998.
- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.
- Center for Disease Control and Prevention estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were African Americans, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/ Alaska Native.

HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older-in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among African Americans (non-Hispanic) was 79.9 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Seventy-six percent of African American (non-Hispanic) adults with TB got tested for HIV in 1998-just short of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among African Americans (non-Hispanic) was 24.9 per 100,000-almost 36 times the target of 0.7 per 100,000 population.

Call the Office of Minority Health's Resource Center today to receive a free copy of *HIV Impact*, a newsletter about HIV/AIDS and minorities.

800-444-6472 or visit us on the Web at http://www.omhrc.gov

According to the Centers for Disease Control and Prevention, the number of AIDS cases reported in African American men, women, and children under the age of 13 through June 2001, in the United States was as follows:

- 220,982 cases in African American (non-Hispanic) men;
- 80,802 cases in African American (non-Hispanic) women; and
- 5,283 cases in African American children.

The number of African Americans (non-Hispanic) living with AIDS more than doubled in a 7-year period:

- An estimated 60,644 African Americans (non-Hispanic) were living with AIDS in the United States in 1993;
- An estimated 92,014 African Americans (non-Hispanic) were living with AIDS in the United States in 1996; and
- An estimated 139,670 African Americans (non-Hispanic) were living with AIDS in the United States in 2000.

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800-367-4725
http://www.health.gov/healthypeople
For the detailed list of HIV objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm
Note: All data age-adjusted to the year 2000 standard population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

HIV/AIDS Surveillance Report, Vol. 13, No. 1
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
404-639-2007 Fax
http://www.cdc.gov/hiv/stats/hasr1301.htm

Immunization

Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

Immunization Disparities

- While vaccinations against pneumonia and influenza among African Americans and Hispanics 65 years and older has increased, their coverage is still lower than the general population.
- In 1997, African American and Hispanic influenza vaccinations were 45 percent and 53 percent respectively, compared to rates of 66 percent for Whites.

HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 68 percent of African American (non-Hispanic) children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1998, among African Americans (non-Hispanic) in this group, 51 percent of received an influenza vaccine and 33 percent received a pneumococcal vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among of African Americans (non-Hispanic) in this group, 25 percent received an influ-

enza vaccine and 16 percent received a pneumococcal vaccine.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among African Americans (non-Hispanic) was 17.8 per 100,000 population.

- According to the CDCs Division of Tuberculosis Elimination, in 2000, there were 16,377 cases of tuberculosis, and of those, 5,161 cases were found in African Americans (non-Hispanic).

Resources

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200 Independence Avenue, SW
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800-367-4725
http://www.health.gov/healthypeople
For the entire list of immunization objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242
Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

Infant Mortality & Maternal Child Health

Healthy People 2010 (HP2010) Maternal Child Health Goal

The overall HP2010 goal is to improve the health and well being of women, infants, children, and families.

Maternal Child Health Disparities

- The 1997 infant mortality rate among African American infants was 2.3 times that of White infants. Although infant mortality rates have declined within both racial groups, the proportional discrepancy between African Americans and Whites remains largely unchanged.

- The rate of maternal mortality among African Americans is 20.3 per 100,000 live births, nearly four times the White rate of 5.1 per 100,000. African American women continue to be three to four times more likely than White women to die of pregnancy and its complications.

- The maternal death differential between African Americans and Whites is highest for pregnancies that did not end in live birth (ectopic pregnancy, spontaneous and induced abortions, and gestational trophoblastic disease).

- Rates of low birth weight (LBW) for White women have risen from 5.7 percent of births in 1990 to 6.5 percent in 1998. Among African Americans, the LBW rate has declined slightly in the 1990s but remains twice as high as that of Whites-13 percent in 1998.

- African Americans also are more likely to have other risk factors, such as young maternal age, high birth order (that is, having many live births), less education, and inadequate prenatal care. Puerto Ricans also are especially likely to have LBW infants.

- American Indians or Alaska Natives and African Americans account for a disproportionate share of fetal alcohol syndrome (FAS) deaths. In 1990, the rates of FAS among American Indians or Alaska Natives and African Americans were 5.2 and 1.4 per 1,000 live births, respectively, compared with 0.4 per 1,000 among the population as a whole.

- African American and Hispanic women also are less likely than Whites to enter prenatal care early. For both African American and White women, the proportion entering prenatal care in the first trimester rises with maternal age until the late thirties, then begins to decline.

- In 1998, 57 percent of African American women under age 18 years began care early, compared with 66 percent of White women of the same age.

- Among women aged 18 to 24 years, 68 percent of African Americans received care in their first trimester, compared to 76 percent of White women. Among women aged 25 to 39 years, 79 percent of African American women entered care early, compared with 89 percent of White women.

- Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants. In the early postpartum period, 45 percent of African American mothers and 66 percent of Hispanic mothers breastfed in 1998, compared with 68 percent of White women. These differences persist at 5 to 6 months postpartum, when 19 percent of African American women, 28 percent of Hispanic women, and 31 percent of White women breastfed.

HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to African American (non-Hispanic) mothers was 14.1 per 1,000 live births-twice the national rate of 7.0 per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to African American (non-Hispanic) mothers was 1.32 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 68 percent of African American (non-Hispanic) women received early and adequate prenatal care.

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http://www.health.gov/healthypeople
For the detailed list of maternal and child health objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm
Note: All data age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

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15 Leading Causes of Death for American Indians/Alaska Natives, 1999

All American Indians/Alaska Natives	American Indian/Alaska Native Women	American Indian/Alaska Native Men
2,343 Heart Disease	1,076 Heart Disease	1,267 Heart Disease
1,791 Malignant Neoplasm	869 Malignant Neoplasm	922 Malignant Neoplasm
1,286 Unintentional Injury	427 Unintentional Injury	859 Unintentional Injury
705 Diabetes Mellitus	393 Diabetes Mellitus	312 Diabetes Mellitus
537 Cerebrovascular	304 Cerebrovascular	289 Liver Disease
501 Liver Disease	212 Liver Disease	233 Cerebrovascular
396 Chronic Lower Respiratory Disease	203 Chronic Lower Respiratory Disease	222 Suicide
308 Influenza & Pneumonia	164 Influenza & Pneumonia	193 Chronic Lower Respiratory Disease
276 Suicide	111 Nephritis	171 Homicide
239 Homicide	86 Septicemia	144 Influenza & Pneumonia
187 Nephritis	68 Homicide	81 Septicemia
167 Septicemia	63 Alzheimer's Disease	76 Nephritis
125 Perinatal Period	61 Perinatal Period	64 Perinatal Period
100 Congenital Anomalies	54 Suicide	51 HIV
86 Alzheimer's Disease	52 Congenital Anomalies	48 Congenital Anomalies

The following sections are covered in greater detail throughout the next chapter of American Indian/Alaska Native Health.
Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section
Malignant Neoplasm – see Cancer section
Diabetes Mellitus – see Diabetes section
HIV – see HIV/AIDS section
Influenza & Pneumonia – see Immunization section
Perinatal Period – see Infant Mortality

Cancer

Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer.

Cancer Disparities for American Indians/Alaska Natives

- While there are cancer disparities for American Indians and Alaska Natives, they currently have an overall cancer death rate that is both lower than the overall cancer rate and the 2010 target rate.

- Only 24 percent of American Indians and Alaska Natives received colorectal cancer screening in the last 2 years, which is less than half goal of getting 50 percent of all people screened.

HP2010 Cancer Objectives

Reduce the overall cancer death rate by 21 percent-from 202.4 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among American Indians/Alaska Natives was 126.4 per 100,000, which was lower than the total rate of 202.4 cancer deaths per 100,000.

Reduce the lung cancer death rate by 22 percent-from 57.6 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among American Indians/Alaska Natives was 34.9 per 100,000 compared to the total rate of 57.6 per 100,000.

Reduce the breast cancer death rate by 20 percent-from 27.9 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among American Indians/Alaska Natives was 15.4 per 100,000 compared to the total rate of 27.9 per 100,000.

Reduce the colorectal cancer death rate by 34 percent-from 21.2 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among American Indians/Alaska Natives was 12.0 per 100,000 compared to the total rate of 21.2 per 100,000.

Reduce prostate cancer deaths by 10 percent-from 32.0 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among American Indians/Alaska Natives was 12.5 per 100,000 population compared to the total rate of 32.0 per 100,000.

According to the American Cancer Society (ACS):

- An estimated 1,284,900 new cases of cancer will be diagnosed and 555,500 people will die from cancer in the United States in the year 2002.

- Cancers most common in men are prostate, lung and bronchus, and colon and rectum, comprising 55 percent of all new cancer cases. Prostate cancer will account for 30 percent (189,000) of new cancer cases in men in 2002.

- Cancers most commonly diagnosed in women are breast, lung and bronchus, and colon and rectum, accounting for about 55 percent of new cancer cases. Breast cancer alone is expected to account for 31 percent (203,500) of all new cancer cases among women in 2002.

- For men, the most cancer deaths occur from lung and bronchus, prostate, and colon and rectum.

- For women, the most cancer deaths occur from lung and bronchus, breast, and colon and rectum in women. While there is more public awareness

about breast cancer, lung cancer is the number one cause of cancer death in women, not breast cancer.

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800-367-4725
http://www.health.gov/healthypeople
To read the entire section of cancer objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm
Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

American Cancer Society
1599 Clifton Road, NE
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800-ACS-2345 (800-227-2345)
http://www.cancer.org
The incidence and mortality data for this 2002 information were age-adjusted to the 2000 population standard of the United States.

Cardiovascular Disease/Stroke

Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Cardiovascular Disparities

- Among American Indians aged 65 to 74 years the rates (per 1,000) of new and recurrent heart attacks are 25.1 for males and 9.1 for females.

Stroke Disparities

- The rates (per 1,000) of new and recurrent strokes in American Indians aged 65 to 74 years are 15.2 for males and 7.9 for females.

HP2010 Heart Disease and Stroke Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among American Indians or Alaska Natives was 128 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among American Indians or Alaska Natives was 40 per 100,000 population compared to the total population rate of 62 per 100,000 population.

According to the American Heart Association:

- Cardiovascular disease accounted for 25.2 percent of all deaths for American Indian and Alaska Native men.
- Cardiovascular disease accounted for 27.0 percent of all deaths for American Indian and Alaska Native women.
- In 1999, the overall death rate for stroke was 61.8 per 100,000 population-the same death rate for American Indians/Alaska Natives was 39.7 per 100,000 population.

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American Stroke Association
National Center
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http://www.strokeassociation.org

Diabetes

Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Diabetes Disparities for American Indians/Alaska Natives

- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.
- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.
- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.

HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among American Indians or Alaska Natives was 112 per 100,000 population

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among American Indians or Alaska Natives with diabetes was 231 per 100,000 population

AMERICAN INDIAN/ ALASKANATIVE HEALTH

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic American Indians or Alaska Natives who received an annual dilated eye examination was determined to be DSU-data was statistically unreliable.

According to the Department of Health and Human Services:

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic), which sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.

- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.

- Based on population changes in the most recent U.S. census, an updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate.

- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

According to National Institute of Diabetes & Digestive & Kidney Diseases:

- Of the 2.3 million self-identified American Indians/Alaska Natives who receive care from the Indian Health Service (IHS), about 70,000 had diabetes in 1998.

- In 1997, the prevalence of diagnosed diabetes among American Indian/Alaska Native men ages 20-44 was 3.2 per 100 population compared to a rate of just 0.6 for Whites (non-Hispanic) in the same gender and age group.

- In 1997, the prevalence of diagnosed diabetes among American Indian/Alaska Native women ages 20-44 was 4.1 per 100 population compared to a rate of just 1.3 for Whites (non-Hispanic) in the same gender and age group.

- Diabetes is particularly common among middle-age and older American Indians and Alaska Natives.

- Pima Indians have a 50 percent incidence rate of diabetes--50 percent of the Pima women who are between the ages of 30 and 64 have type 2 diabetes.

- About 9 percent of American Indians and Alaska Natives have been diagnosed with diabetes-on average, they are 2.8 times as likely to have diagnosed diabetes as Whites (non-Hispanic) of a similar age.

- 40 to 70 percent of American Indian adults age 45 to 74 were found to have diabetes in a recent screening study in three geographic areas.

- Type 2 diabetes is becoming increasingly common in youth. Researchers studying 5,274 Pima Indian children from 1967 to 1996 found that the prevalence of type 2 diabetes in girls age 10 to 14 increased from 0.72 percent in the period 1967 to 1976 to 2.88 percent in the period 1987 to 1996.

Alaska Natives

The prevalence of type 2 diabetes in Alaska Natives varies by subgroup:

- Eskimo groups (Inupiaq Eskimos in the northern and northwestern coastal areas and Yup'ik Eskimos in the southwestern coastal regions and St. Lawrence Island) had a prevalence of 12.1 per 1,000 in 1993.

- Indian groups (Athabascan in the interior region; Tlingit, Haida, and Tsimshian in the coastal areas) had a prevalence of 24.3 per 1,000 in 1993.

- Aleut groups (residents of the Aleutian Islands, the Pribilof Islands, the western tip of the Alaska Peninsula, the Kodiak area, and the south central coastal areas) had a prevalence of 32.6 per 1,000 in 1993.

Gestational Diabetes

The prevalence of gestational diabetes in certain groups of American Indians and Alaska Natives is as follows:

- 14.5 percent of pregnancies in Zuni Indians
- 3.4 percent of deliveries in Navajo Indians
- 5.8 percent of deliveries in Yup'ik Eskimos.

Follow-up studies of American Indian women with gestational diabetes found a high risk of developing subsequent diabetes:

- 27.5 percent of Pima Indian women developed diabetes within 4 to 8 years, and
- 30 percent of Zuni Indian women developed diabetes within 6 months to 9 years after pregnancy.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of diabetes objectives, go to http:/www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm
Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

National Diabetes Information Clearinghouse (NDIC)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
301-654-3327
301-907-8906 Fax
http://www.niddk.nih.gov/health/diabetes/pubs/amindian/amindian.htm

AMERICAN INDIAN/ ALASKA NATIVE HEALTH

HIV/AIDS

Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

HIV Disparities

- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.

- CDC estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were black, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/Alaska Native.

- The number of American Indians and Alaska Natives living with AIDS doubled in 7 years-from 572 in 1993 to 1,185 in 2000-a trend that was completely disproportional to the increase in the overall American Indian/Alaska Native population.

- In 1993, the American Indian and Alaska Native population was approximately 1.3 million and grew to 1.5 in 2000-an increase of approximately 16 percent.

HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older-in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among American Indians or Alaska Natives was 10.9 per 100,000 population in people ages 13 years and older.

AMERICAN INDIAN/ ALASKANATIVE HEALTH

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 39 percent of American Indian or Alaska Native adults with TB got tested for HIV in 1998-less than half of 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 HIV-infection deaths per 100,000 population.

- In 1999, the number of HIV-infection deaths among American Indians or Alaska Natives was 3.1 per 100,000 population-nearly 4 times the target of 0.7 per 100,000 population.

According to the Centers for Disease Control and Prevention, the number of AIDS cases reported in American Indian/Alaska Native men, women, and children under the age of 13 through June 2001, in the United States were as follows:

- 1,971 cases in American Indian/Alaska Native men;
- 460 cases in American Indian/Alaska Native women; and
- 31 cases in American Indian/Alaska Native children.

The number of American Indians and Alaska Natives living with AIDS more than doubled in a 7-year period:

- An estimated 572 American Indians/Alaska Natives were living with AIDS in the United States in 1993.
- An estimated 809 American Indians/Alaska Natives were living with AIDS in the United States in 1996.
- An estimated 1,185 American Indians/Alaska Natives were living with AIDS in the United States in 2000.

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http://www.health.gov/healthypeople
For the detailed list of HIV objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm
Note: Death rates are age-adjusted to the year 2000 standard population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

Resources

HIV/AIDS Surveillance Report, Vol. 13, No. 1
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
404-639-2007 Fax
http://www.cdc.gov/hiv/stats/hasr1301.htm

Immunization

Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

HP2010 Immunization Objectives

Increase the 73 percent rate of children ages 19 to 35 months getting fully immunized to 80 percent.

- In 2000, 67 percent of American Indian or Alaska Native children were fully immunized.

Increase the rate of non-institutionalized adults over the age of 65 years receiving influenza and pneumococcal vaccines from 60 and 50 percent, respectively, to a 90 percent immunization rate for both.

- In 1999, the data for American Indian or Alaska Native in this group who received influenza and pneumococcal vaccines was statistically unreliable.

Increase the rate of non-institutionalized adults ages 18 to 64 years receiving influenza and pneumococcal vaccines from 27 and 14 percent, respectively, to 60 percent immunization rate for both.

- In 1999, among American Indians or Alaska Natives in this group, 28 percent received both a pneumococcal and influenza vaccine.

Reduce new tuberculosis (TB) cases from 6.8 per 100,000 population 1.0 per 100,000 population.

- In 1998, the new TB case rate among American Indians or Alaska Natives was 11.2 per 100,000 population.

According to the CDC's Division of Tuberculosis Elimination:

- In 2000, there were 16,377 cases of tuberculosis, and of those, 236 cases were found in American Indians/Alaska Natives.

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800- 367-4725
http://www.health.gov/healthypeople
For the entire list of immunization objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242
Note: Death rates are age-adjusted to the year 2000 standard population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

Resources

Infant Mortality/ Maternal Child Health

Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families

Maternal Child Health Disparities

- American Indians or Alaska Natives and African Americans account for a disproportionate share of fetal alcohol syndrome (FAS) deaths.

- In 1990, the rates of FAS among American Indians or Alaska Natives and African Americans were 5.2 and 1.4 per 1,000 live births, respectively, compared with 0.4 per 1,000 among the population as a whole.

HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to American Indian or Alaska Native mothers was 9.3 per 1,000 live births, compared to the national rate of 7.0 per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to American Indian or Alaska Native mothers was 1.47 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

AMERICAN INDIAN/ ALASKANATIVE HEALTH

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 58 percent of American Indian or Alaska Native women received early and adequate prenatal care.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of maternal and child health objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm
Note: Death rates are age-adjusted to the year 2000 standard population. Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

15 Leading Causes of Death for Asian/Pacific Islanders, 1999

All Asians/Pacific Islanders	Asian/Pacific Islander Males	Asian/Pacific Islander Females
8,959 Heart Disease	5,065 Heart Disease	4,132 Malignant Neoplasm
8,703 Malignant Neoplasm	4,571 Malignant Neoplasm	3,894 Heart Disease
3,073 Cerebrovascular	1,475 Cerebrovascular	1,598 Cerebrovascular
1,524 Unintentional Injury	950 Unintentional Injury	623 Diabetes Mellitus
1,135 Diabetes Mellitus	710 Chronic Lower Respiratory Disease	574 Unintentional Injury
1,112 Chronic Lower Respiratory Disease	512 Diabetes Mellitus	402 Chronic Lower Respiratory Disease
836 Influenza & Pneumonia	462 Influenza & Pneumonia	374 Influenza & Pneumonia
645 Suicide	457 Suicide	276 Nephritis
566 Nephritis	290 Nephritis	194 Hypertension
389 Septicemia	226 Homicide	190 Septicemia
350 Homicide	199 Septicemia	188 Suicide
347 Hypertension	182 Liver Disease	139 Congenital Anomalies
306 Perinatal Period	171 Perinatal Period	138 Alzheimer's Disease
289 Liver Disease	157 Aortic Aneurysm	135 Perinatal Period
263 Congenital Anomalies	153 Hypertension	124 Homicide

The following sections are covered in greater detail throughout the next chapter of Asian/Pacific Islander Health.
Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section
Malignant Neoplasm – see Cancer section
Diabetes Mellitus – see Diabetes section
HIV – see HIV/AIDS section
Influenza & Pneumonia – see Immunization section
Perinatal Period – see Infant Mortality

Cancer

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Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer.

HP2010 Cancer Objectives

Reduce the overall cancer death rate from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among Asians or Pacific Islanders was 125.3 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among Asians or Pacific Islanders was 28.5 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of breast cancer deaths among Asians or Pacific Islanders was 13.1 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among Asians or Pacific Islanders was 12.2 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among Asians or Pacific Islanders was 13.5 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

According to the Surveillance, Epidemiologic, and End Results (SEER) data from the National Cancer Institute:

- The top cancer sites in all Americans are lung, colon/rectum, breast, and prostate, but for Asian populations, liver cancer is the third highest cancer site and stomach cancer is the fourth highest cancer site.
- Korean stomach cancer rates are five times the rate for the total population.
- Liver cancer rates are highest for Vietnamese.
- The liver cancer incidence rate from 1995-1999 was 14.1 per 100,000 population compared to the rate of 5.7 per 100,000 population for all races.
- The liver cancer mortality rate from 1995-1999 was 10.9 per 100,000 population compared to the rate of 4.5 per 100,000 population for all races.
- The stomach cancer incidence rate from 1995-1999 was 17.8 per 100,000 population compared to the rate of 9.1 per 100,000 population for all races.

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HEALTH

- The stomach cancer mortality rate from 1995-1999 was 9.9 per 100,000 population compared to the rate of 5.0 per 100,000 population for all races.

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200 Independence Avenue, SW
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800-367-4725
http://www.health.gov/healthypeople
To read the entire section of cancer objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

Cancer Statistics Branch
Surveillance Research Program
Division of Cancer Control and Population Sciences
National Cancer Institute
Suite 504, MSC 8316
6116 Executive Boulevard
Bethesda, MD 20892-8316
301-496-8510
301-496-9949 Fax
http://seer.cancer.gov/about/contact.html

Cardiovascular Disease/Stroke

Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Cardiovascular Disparities

- The average annual coronary heart disease (CHD) incidence rate (per 1,000) in Japanese American males living in Hawaii was 4.6 for ages 45 to 49 years, 6.0 for ages 50 to 54 years, 7.2 for ages 55 to 59 years, 8.8 for ages 60 to 64 years, and 10.5 for ages 65 to 68 years.

Stroke Disparities

- The average annual incidence rates (per 1,000) of stroke in Japanese American males increased with advancing age from 45 to 49 years to 65 to 68 years at the initial examination: 2.1 to 8.2 for total stroke, 1.5 to 6.6 for thromboembolic stroke, and 0.4 to 1.0 for intracerebral hemorrhage.

HP2010 Heart Disease Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among Asians or Pacific Islanders was 122 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

- In 1999, the rate of stroke deaths among Asians or Pacific Islanders was 52 per 100,000 population compared to the total population rate of 62 per 100,000 population.

According to the American Heart Association:

- Cardiovascular disease accounted for 36.2 percent of all deaths in Asian/Pacific Islander men.
- Cardiovascular disease accounted for 36.3 percent of all deaths in Asian/Pacific Islander women.
- In 1999, the overall death rate for coronary heart disease was 195.6 per 100,000 population-the same death rate for Asians/Pacific Islanders was 115.7 per 100,000 population.
- In 1999, the overall death rate for stroke was 61.8 per 100,000 population-the same death rate for Asians/Pacific Islanders was 52.4 per 100,000 population.

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
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800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of cardiovascular and stroke objectives, go to
http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

Resources

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-242-8721
http://www.americanheart.org

American Stroke Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
888-478-7653
http://www.strokeassociation.org

Diabetes

Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Diabetes Disparities for Asians and Pacific Islanders

- The rate of diabetes and its associated complications vary among racial and ethnic groups in the United States.
- Certain racial and ethnic communities, including African Americans, Hispanics, American Indians, and certain Pacific Islander and Asian American populations as well as economically disadvantaged or older people, suffer disproportionately compared to White populations.

HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the diabetes-related death rate among Asians or Pacific Islanders was 62 per 100,000 population.

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among Asians with diabetes was 224 per 100,000 population.
- In 1999, the cardiovascular disease death rate among Native Hawaiians and other Pacific Islanders with diabetes was 156 per 100,000 population

ASIANAMERICAN PACIFIC ISLANDER HEALTH

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic Asians or Pacific Islanders who received an annual dilated eye examination was determined to be DSU-data was statistically unreliable.

According to the Department of Health and Human Services:

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic)-this sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.

- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.

- An updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.

- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

According to National Institute of Diabetes and Digestive and Kidney Diseases:

- The prevalence of diabetes in Native Hawaiians living in Hawaii is 4.9 percent;

- The prevalence of diabetes in Japanese men and women living in Seattle, WA, is 20 percent and 16 percent, respectively;

- The prevalence of diabetes in Koreans living in Hawaii is 2.0 percent; and

- Analysis of data collected in Hawaii from 1996 to 2000 showed that Native Hawaiians were 2.5 times more likely to have diabetes than non-Hispanic White residents of similar age.

Resources

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of diabetes objectives, go to http:/www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

National Diabetes Information Clearinghouse (NDIC)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
301-654-3327
301-907-8906 Fax
http://www.niddk.nih.gov/health/diabetes/pubs/asianam/asianam.htm#23

HIV/AIDS

Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

HIV Disparities

- From 1999 to 2000, the estimated number of persons living with AIDS increased 7.9 percent.

- The Centers for Disease Control and Prevention (CDC) estimates that about 339,000 persons were living with AIDS as of December 2000: 41 percent were black, 38 percent were White, 20 percent were Hispanic, 1 percent were Asian/Pacific Islander, and <1 percent were American Indian/ Alaska Native.

- The number of Asian and Pacific Islanders living with AIDS has more than doubled in 7 years, from 1,293 living with AIDS to 2,840 in 2000, which is completely disproportional to the increase in the overall Asians/Pacific Islanders population.

HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older- in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among Asians or Pacific Islanders was 4.8 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 29 percent of Asian or Pacific Islander adults with TB got tested for HIV in 1998-just less than a third of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among Asians or Pacific Islanders was 0.8 per 100,000 population-almost meeting the target of 0.7 per 100,000 population.

The number of AIDS cases reported in men, women, and children under the age of 13 through June 2001, in the United States is as follows:

- 5,157 cases in Asian/Pacific Islander men;

- 765 cases in Asian/Pacific Islander women; and

ASIANAMERICAN PACIFIC ISLANDER HEALTH

- 52 cases in Asian American/Pacific Islander children.

According to the CDC:

- An estimated 1,293 Asians/Pacific Islanders were living with AIDS in the United States in 1993.

- An estimated 1,854 Asians/Pacific Islanders were living with AIDS in the United States in 1996.

- An estimated 2,840 Asians/Pacific Islanders were living with AIDS in the United States on 2000.

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http://www.health.gov/healthypeople
For the detailed list of HIV objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

HIV/AIDS Surveillance Report, Vol. 13, No. 1
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
404-639-2007 Fax
http://www.cdc.gov/hiv/stats/hasr1301.htm

Immunization

Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 71 percent of Asian or Pacific Islander children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1999, only 40 percent of Asians or Pacific Islanders in this group received a pneumococcal vaccine, while 71 percent received an influenza vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among Asians or Pacific Islanders in this group, 23 percent of received an influenza vaccine, but pneumococcal vaccine data was determined to be DSU-data statistically unreliable.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among Asians or Pacific Islanders was 34.9 per 100,000 population.

According to the CDC's Division of Tuberculosis Elimination:

- In 2000, there were 16,377 cases of tuberculosis, and of those, 3,451 cases were found in Asians/ Pacific Islanders-32.9 per 100,000 population.

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http://www.health.gov/healthypeople
For the entire list of immunization objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

Infant Mortality

Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families.

HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to Native Hawaiian and other Pacific Islander mothers was 7.0 per 1,000 live births, which was the same as the national rate.

- In 1999, the death rate among infants born to Asian mothers was 4.3 per 1,000 live births-lower than both the national rate and the 2010 target rate of 4.5 infant deaths per 1,000 live births.

Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to Asian or Pacific Islander mothers was 0.31 per 1,000 live births, which is lower than the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 76 percent of Asian women received early and adequate prenatal care.

- In 1999, 68 percent of Native Hawaiian and other Pacific Islander women received early and adequate prenatal care.

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For the detailed list of maternal and child health objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

Resources

15 Leading Causes of Death for Hispanics, 1999

All Hispanics	Hispanic Males	Hispanic Females
25,332 Heart Disease	13,261 Heart Disease	12,071 Heart Disease
19,805 Malignant Neoplasm	10,426 Malignant Neoplasm	9,379 Malignant Neoplasm
8,488 Unintentional Injury	6,458 Unintentional Injury	3,029 Cerebrovascular
5,788 Cerebrovascular	2,759 Cerebrovascular	2,803 Diabetes Mellitus
5,095 Diabetes Mellitus	2,349 Homicide	2,030 Unintentional Injury
2,941 Liver Disease	2,292 Diabetes Mellitus	1,292 Chronic Lower Respiratory Disease
2,811 Chronic Lower RespiratoryDisease	2,120 Liver Disease	1,127 Influenza & Pneumonia
2,792 Homicide	1,519 Chronic Lower Respiratory Disease	919 Perinatal Period
2,202 Influenza & Pneumonia	1,486 HIV	821 Liver Disease
2,061 Perinatal Period	1,396 Suicide	748 Nephritis
1,905 HIV	1,142 Perinatal Period	722 Congenital Anomalies
1,650 Suicide	1,075 Influenza & Pneumonia	656 Alzheimer's Disease
1,542 Nephritis	794 Nephritis	594 Septicemia
1,466 Congenital Anomalies	744 Congenital Anomalies	443 Homicide
1,187 Septicemia	593 Septicemia	419 HIV

The following sections are covered in greater detail throughout the next chapter of Hispanic Health.
Heart Disease and Cerebrovascular – see Cardiovascular Disease/Stroke Section
Malignant Neoplasm – see Cancer section
Diabetes Mellitus – see Diabetes section
HIV – see HIV/AIDS section
Influenza & Pneumonia – see Immunization section
Perinatal Period – see Infant Mortality

Cancer

Healthy People 2010 (HP2010) Cancer Goal

The HP2010 goal for cancer is to reduce the number of new cancer cases as well as the illness, disability, and death caused by cancer. While there are a total of 15 cancer objectives, the following information is for lung, breast, colorectal, and prostate cancer.

Cancer Disparities for Hispanics

- Hispanics have higher rates of cervical, esophageal, gallbladder, and stomach cancers, compared to non-Hispanic Whites.
- New cases of female breast and lung cancers are increasing among Hispanics, who are diagnosed at later stages and have lower survival rates than Whites.

HP2010 Cancer Objectives

Reduce the overall cancer death from 202.7 cancer deaths per 100,000 population to 159.9 deaths per 100,000 population.

- In 1999, the rate of overall cancer deaths among Hispanics or Latinos was 122.0 per 100,000 population compared to the total rate of 202.7 cancer deaths per 100,000 population.

Reduce the lung cancer death rate from 56.0 lung cancer deaths per 100,000 population to 44.9 deaths per 100,000 population.

- In 1999, the rate of lung cancer deaths among Hispanics or Latinos was 22.5 per 100,000 population compared to the total rate of 56.0 per 100,000 population.

Reduce the female breast cancer death rate from 27.0 breast cancer death per 100,000 females to 22.3 deaths per 100,000 females.

- In 1999, the rate of female breast cancer deaths among Hispanics or Latinos was 15.4 per 100,000 population compared to the total rate of 27.0 per 100,000 population.

Reduce the colorectal cancer death rate from 21.1 colorectal cancer deaths per 100,000 population to 13.9 deaths per 100,000 population.

- In 1999, the rate of colorectal cancer death among Hispanics or Latinos was 12.8 per 100,000 population compared to the total rate of 21.1 per 100,000 population.

Reduce prostate cancer deaths from 30.9 prostate cancer deaths per 100,000 males to 28.8 deaths per 100,000 males.

- In 1999, the rate of prostate cancer deaths among Hispanics or Latinos was 19.0 per 100,000 population compared to the total rate of 30.9 per 100,000 population.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800-367-4725
http://www.health.gov/healthypeople
To read the entire section of cancer objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/03Cancer.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition
The incidence and mortality data for this 2002 information was age-adjusted to the 2000 population standard of the United States.

HISPANIC/LATINO
H E A L T H

Cardiovascular Disease/Stroke

Healthy People 2010 (HP2010) Cardiovascular Disease/Stroke Goal

The HP2010 goal is to improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Cardiovascular Disparities

- Other racial and ethnic coronary heart disease (CHD) and stroke data indicate that among U.S. adults aged 20 years and older, the age-adjusted (year 2000) prevalence of heart attacks was 4.1 percent for Mexican American males and 1.9 percent for females.

Stroke Disparities

- For stroke, other data show that the estimated age-adjusted (2000 standard) prevalence of stroke for persons aged 20 years and older in the United States for Mexican Americans was2.3 percent for males and 1.3 percent for females.

HP2010 Heart Disease Objectives

Reduce the number of coronary heart disease deaths from 204 deaths per 100,000 population in 1999 to 166 deaths per 100,000 population.

- In 1999, the rate of coronary heart disease deaths among Hispanics or Latinos was 144 per 100,000 population, which was below the total rate of 204 per 100,000 population.

Reduce stroke deaths from 62 deaths per 100,000 population in 1999 to 48 deaths per 100,000 population.

In 1999, the rate of stroke deaths among Hispanics or Latinos was 40 per 100,000 population compared to the total population rate of 62 per 100,000 population.

According to the American Heart Association:

- Cardiovascular disease (CVD) and stroke are the number one killers of Hispanics, accounting for almost 31 percent of all Hispanic deaths annually.
- CVD affects Mexican American men and women more than other it does other Hispanic groups-29 percent and 27 percent, respectively.
- Mexican American women are more likely to have high blood pressure compared to non-Hispanic Whites.
- Mexican American men are less likely to have high blood pressure than non-Hispanic Whites.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of cardiovascular and stroke objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/12Heart.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition.

Resources

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-242-8721
http://www.americanheart.org

American Stroke Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
888-478-7653
http://www.strokeassociation.org

- Among all people with high blood pressure, Mexican Americans are less likely than Whites (non-Hispanic) and non-Hispanic Blacks to know they have it, get it treated, or keep it under control.

- Hispanics are more likely to be overweight or obese, more likely to have diabetes, and less likely to participate in physical activity compared to non-Hispanic Whites-all contributing factors to CVD.

Diabetes

Healthy People 2010 (HP2010) Diabetes Goal

The overall HP2010 goal for diabetes is, through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Diabetes Disparities for Hispanics

- The relative number of persons with diabetes in African American, Hispanic, and American Indian communities is one to five times greater than in White communities.

HP2010 Diabetes Objectives

Reduce diabetes-related deaths to 45 deaths per 100,000 population.

- In 1999, the breakdown for diabetes-related deaths among Hispanics or Latinos was:
  - 46 deaths per 100,000 population among Cubans
  - 107 deaths per 100,000 population among Mexican Americans
  - 113 deaths per 100,000 population among Puerto Ricans

Reduce cardiovascular disease deaths among persons with diabetes to 309 per 100,000 population.

- In 1999, the cardiovascular disease death rate among Hispanics or Latinos with diabetes was 194 per 100,000 population.

Increase the percent of annual dilated eye examinations in persons with diabetes who are ages 18 years and over to 75 percent.

- In 1999, the percentage of diabetic Hispanics or Latinos who received an annual dilated eye examinations was 63 percent.

Increase the percent of people, ages 18 and older, who receive diabetes education to 60 percent.

- In 1999, the percentage of Hispanics who received diabetes education was 35 percent.

Additional Information

According to the Department of Health and Human Services;

- Nearly 16 million Americans are pre-diabetic (their blood sugar levels are high, but not high enough to be classified as diabetic)-this sharply raises the risk for developing type 2 diabetes and increases the risk of heart disease by 50 percent.

- HHS-supported research shows that most people with pre-diabetes will likely develop diabetes within a decade unless they make modest changes in their diet and level of physical activity, which can help them reduce their risks and avoid the debilitating disease.

- An updated HHS estimate shows 17 million Americans suffer from diabetes-an increase of 8 percent from the most commonly used previous estimate. The new estimate is based on population changes in the most recent U.S. census.

- In the United States, nearly 60 percent of adults are now considered significantly overweight, and in adolescents the prevalence of obesity has nearly tripled in the past 20 years.

HISPANIC/LATINO HEALTH

According to the National Institute on Diabetes & Digestive & Kidney Diseases (NIDDK):

- In 2000, of the 30 million Hispanic Americans, about 2 million had been diagnosed with diabetes;
- About 10.2 percent of all Hispanic Americans have diabetes;
- On average, Hispanic Americans are 1.9 times more likely to have diabetes than Whites (non-Hispanic)of similar age;
- Diabetes is particularly common among middle-aged and older Hispanic Americans. For those age 50 or older, about 25 to 30 percent have either diagnosed or undiagnosed diabetes;
- Diabetes is twice as common in Mexican American and Puerto Rican adults as in non-Hispanic Whites;
- The prevalence of diabetes in Cuban Americans is lower, but still higher than that of non-Hispanic Whites;
- Mexican American women, especially when they are overweight, have higher rates of gestational diabetes than non-Hispanic White women; and
- Risk factors seem to be more common among Hispanics than Whites (non-Hispanic)include a family history of diabetes, gestational diabetes, impaired glucose tolerance, hyperinsulinemia and insulin resistance, obesity, and physical inactivity.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of diabetes objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/05Diabetes.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

National Institute of Diabetes & Digestive & Kidney Diseases
National Diabetes Information Clearinghouse
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
http://www.niddk.nih.gov/health/diabetes/pubs/hispan/hispan.htm#t1

HIV/AIDS

Healthy People 2010 (HP2010) HIV Goals

The overall HP2010 goal is to prevent human immunodeficiency virus (HIV) infection and its related illness and death.

HIV Disparities

- By the end of 1998, the number of African Americans living with AIDS which increased from 33 percent of the AIDS population in 1992 to 40 percent in 1998, was almost identical to the number of Whites living with AIDS.
- In 1998, 55 percent of the reported AIDS cases occurred among African Americans and Hispanics, yet these two population groups represent an estimated 13 percent and 12 percent, respectively, of the total U.S. population.

- The AIDS case rate among African Americans in calendar year 1998 was 66.4 per 100,000 persons, or eight times the rate for Whites (8.2 per 100,000) and over twice the rate for Hispanics (28.1 per 100,000).

- Among women with AIDS, African Americans and Hispanics have been especially affected, accounting for nearly 77 percent of cumulative cases reported among women by 1998.

HP2010 HIV/AIDS Objectives

Reduce the number of new cases of AIDS to 1.0 per 100,000 population in people ages 13 years and older-in 1999 there were 18.6 per 100,000 population.

- In 1999, new AIDS cases among Hispanics or Latinos was 32.5 per 100,000 population in people ages 13 years and older.

Increase HIV testing in adults (ages 25-44 years) with tuberculosis (TB) to 85 percent-up from the 55 percent getting tested in 1998.

- Only 46 percent of Hispanic adults with TB got tested for HIV in 1998-just over half of the 85 percent target.

Reduce the number of HIV-infection deaths to 0.7 per 100,000 population-in 1999 there were 5.4 per 100,000 population.

- In 1999, the number of HIV-infection deaths among Hispanics or Latinos was 7.3 per 100,000 population-just over ten times the target of 0.7 per 100,000 population.

According to the Centers for Disease Control and Prevention: The number of AIDS cases reported in Hispanic men, women, and children under the age of 13 through June 2001, in the United States is as follows:

- 117,829 cases in Hispanic men
- 27,391 cases in Hispanic women
- 2051 cases in Hispanic children

The number of Hispanics living with AIDS more than doubled during a 7-year period:

- An estimated 31,040 Hispanics were living with AIDS in the United States in 1993;

- An estimated 45,609 Hispanicswere living with AIDS in the United States in 1996; and

- An estimated 66,624 Hispanics were living with AIDS in the United States 2000.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of HIV objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/13HIV.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

HIV/AIDS Surveillance Report, Vol. 13, No. 1
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
404-639-2007 Fax
http://www.cdc.gov/hiv/stats/hasr1301.htm

Immunization

Healthy People 2010 (HP2010) Immunization Goal

The HP2010 goal is to prevent disease, disability, and death from infectious diseases, including vaccine-preventable diseases.

Immunization Disparities

- While vaccinations against pneumonia and influenza among African Americans and Hispanics 65 years and older has increased, their coverage is still lower than the general population.

- In 1997, African American and Hispanic influenza vaccinations were 45 percent and 53 percent respectively, compared to rates of 66 percent for Whites.

HP2010 Immunization Objectives

Insure that 80 percent of children ages 19 to 35 months are fully immunized.

- In 2000, 69 percent of Hispanic or Latino children were fully immunized.

Insure that 90 percent of non-institutionalized adults over the age of 65 years receive influenza and pneumococcal vaccines.

- In 1999, only 29 percent of Hispanics or Latinos in this group received a pneumococcal vaccine and 56 percent received an influenza vaccine.

Achieve a 60 percent pneumococcal and influenza vaccination rate among non-institutionalized adults ages 18 to 64 years.

- In 1999, among Hispanics or Latinos in this group, only 8 percent received a pneumococcal vaccine and 27 percent of received an influenza vaccine.

Reduce new tuberculosis (TB) cases to 1.0 per 100,000 population.

- In 1998, the new TB case rate among Hispanics or Latinos was 13.6 per 100,000 population.

- According to the CDCs Division of Tuberculosis Elimination, in 2000, there were 16,377 cases of tuberculosis, and of those, 3,805 cases were found in Hispanics.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the entire list of immunization objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume1/14Immunization.htm#_Toc494510242
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition

Infant Mortality/ Maternal Child Health

Healthy People 2010 (HP2010) Maternal Child Health Goal

The HP2010 goal is to improve the health and well-being of women, infants, children, and families

Maternal Child Health Disparities

- Puerto Rican women are likely to have low-birth weight (LBW) infants.
- Hispanic women also are less likely than Whites to enter prenatal care early.
- Women in certain racial and ethnic groups also are less likely than White women to breastfeed their infants. In the early postpartum period, 66 percent of Hispanic mothers breastfed in 1998, compared with 68 percent of White women. These differences persist at 5 to 6 months postpartum, when 28 percent of Hispanic women, and 31 percent of White women breastfed.

HP2010 Maternal Child Health Objectives

Reduce all infant deaths (within 1 year) from 7.0 per 1,000 live births to 4.5 per 1,000 live births.

- In 1999, the death rate among infants born to Hispanic mothers was 5.7 per 1,000 live births, compared to the national rate of 7.0 per 1,000 live births.

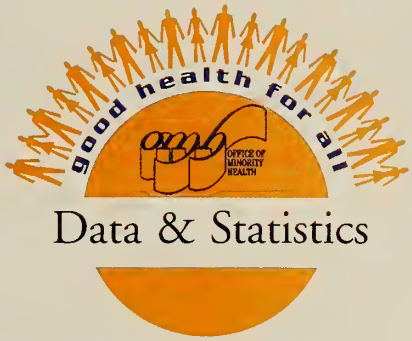
Reduce deaths from sudden infant death syndrome (SIDS) from 0.67 deaths per 1,000 live births to 0.25 deaths per 1,000 live births.

- In 1999, the SIDS death rate among infants born to Hispanic or Latino mothers was 0.37 per 1,000 live births, compared to the national rate of 0.67 deaths per 1,000 live births.

Increase the women receiving early and adequate prenatal care from 75 percent to 90 percent.

- In 1999, 66 percent of Hispanic or Latino women received early and adequate prenatal care.

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800- 367-4725
http://www.health.gov/healthypeople
For the detailed list of maternal and child health objectives, go to http://www.health.gov/healthypeople/document/HTML/Volume2/16MICH.htm
Note: Data have been age-adjusted to 2000 population.
Data source: DATA2010...the Healthy People 2010 Database-February 2002 Edition



Online State Statistical Resources

Area Resource File (ARF)
Health Resources and Services Administration (HRSA)
HRSA's Area Resource File (ARF) is a database containing over 6,000 variables for each county in the U.S. ARF is used for health service research, health policy analysis, and other geographically based activities.
http://www.arfsys.com/main.htm

Birth Data
Centers for Disease Control and Prevention (CDC)
CDC's National Center for Health Statistics (NCHS) provides links to state health department birth data.
http://www.cdc.gov/nchs/about/major/natality/sites.htm

Child Health USA 2000
Health Resources and Services Administration (HRSA)
HRSA's Maternal and Child Health Bureau (MCHB) offers a report that includes 59 health status and health care utilization indicators for children. Also includes demographics, data on AIDS, risk behaviors, infant mortality, STDs, reproductive health, abortion, violence, tobacco, substance abuse, drugs, alcohol, leading causes of death, injuries, health care financing, vaccination coverage, dental care, physician visits, hospital utilization, prenatal care, Medicaid, tables with data for states, cities compared to the nation.
ftp://ftp.hrsa.gov/mchb/chusa00.pdf

Community Health Status Indicators (CHSI)
Health Resources and Services Administration (HRSA)
The CHSI project team created 3,082 reports of health status indicators, one for each county in the nation. Data were pulled primarily from the CDC, NCHS, U.S. Bureau of the Census, EPA, HRSA's Area Resource File, HRSA's Bureau of Primary Health Care, and SAMHSA. The following information is available for each county: access to care; environmental health; four summary causes of health; leading causes of death; measures of birth and death; population characteristics; prevention services use; risk factors for premature death; and special populations.
http://www.communityhealth.hrsa.gov/

FASTATS
Centers for Disease Control and Prevention (CDC)
CDC's National Center for Health Statistics (NCHS) Web site offers quick and easy-to-read data on health topics, as well as state health information. Visit the site, click on the state of interest and find out the following—death and birth rates, divorce and marriage rates, as well as links to other state-related Web sites.
http://www.cdc.gov/nchs/fastats/Default.htm

The Health Care Cost and Utilization Project (HCUP)
Agency for Healthcare Research and Quality (AHRQ)
A tool for identifying, tracking, analyzing, and comparing statistics on hospitals at the national, regional, and state level.
http://www.ahrq.gov/data/hcup/

Investment in Tobacco Control - State Highlights 2001
Centers for Disease Control and Prevention (CDC)
CDC's Office on Smoking and Health (OSH) published Investment in Tobacco Control - State Highlights 2001 that analyzes current investments in tobacco control, it places these investments in the context of health and economic consequences of tobacco use specific to the state, and compares current investments with the specific funding ranges contained in CDC's Best Practices for Comprehensive Tobacco Control Programs.
http://www.cdc.gov/tobacco/statehi/statehi_2001.htm

National Child Care Information Center

Department of Health and Human Services (HHS)
This ACF/HHS sponsored site provides statistical profiles of child care participation for states and HHS regions, as well as state summaries of child care related statistics.
http://nccic.org/

Pregnancy Risk Assessment Monitoring System (PRAMS)

Centers for Disease Control and Prevention (CDC)
PRAMS collects state-specific, population-based data on maternal attitudes and experiences prior to, during and immediately following pregnancy.
http://www.cdc.gov/nccdphp/drh/srv_prams.htm

State and County QuickFacts

U.S. Census Bureau
QuickFacts tables are summary profiles showing frequently requested data items from various Census Bureau programs. Currently, profiles are available at the national, state, and county level.
http://quickfacts.census.gov/qfd/

State and Local Area Integrated Telephone Survey (SLAITS)

Centers for Disease Control and Prevention (CDC)
CDC's National Center for Health Statistics (NCHS) provides information about the methods used and topics covered in SLAITS—the State and Local Area Integrated Telephone Survey—which collects health care data at state and local levels.
http://www.cdc.gov/nchs/slaits.htm

State Health Care Expenditures

Centers for Medicare & Medicaid Services (CMS)
State Health Care Expenditures measure spending for personal health care services and products (hospital care, physician services, and nursing home care) by state of provider and by two sources of funding (Medicare and Medicaid).
http://www.hcfa.gov/stats/nhe-oact/stateestimates/

State Health Profiles

Health Resources and Services Administration (HRSA)
Interactive site to find facts about health conditions and care in states. Leads to individual state reports including tables showing key facts on health resources, physicians, nurses, allied health workers.
http://stateprofiles.hrsa.gov/

State Health Statistics- Overview

Centers for Disease Control and Prevention (CDC)
CDC's National Center for Health Statistics (NCHS) Web site contains tables that describe the health of people in each state by sex, race, and age.
http://www.cdc.gov/nchs/statestatsbysexrace.htm

State/Territory Cancer Data for the U.S.

Centers for Disease Control and Prevention (CDC)
CDC's National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) state Cancer Burden Data fact sheets contain data on lung cancer, colorectal cancer, breast cancer, and prostate cancer. The National Program of Cancer Registries state/Territory Profiles provide background on the program, as well as state-specific information.
http://www.cdc.gov/cancer/dbdata.htm

State Health Workforce Profiles

Health Resources and Services Administration
The State Health Workforce Profiles compile accurate and current data on supply, demand, distribution, education and use of health personnel. Estimated numbers of workers indicate the size of the state's health workforce. Per capita ratios facilitate comparisons with other states and the nation. http://bhpr.hrsa.gov/healthworkforce/profiles/default.htm

State-By-State Insurance Data

Agency for Healthcare Research and Quality (AHRQ)
The Agency for Healthcare Research and Quality (AHRQ) announces the availability of MEPSnet/IC, a new, interactive tool that provides quick and easy access to employer-based health insurance data from AHRQ's Medical Expenditure Panel Survey (MEPS).
http://www.ahrq.gov/news/press/pr2001/mepsnetpr.htm

Federal and State Information

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U.S. Department of Health and Human Services

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves.

With over 300 programs in place, HHS covers a wide array of activities designed to provide the best health care services to those who need it.

Some highlights include:

- Assuring food and drug safety;
- Comprehensive health services for American Indians;
- Financial assistance and services for low-income families;
- Head Start (pre-school education and services);
- Improving maternal and infant health;
- Medicaid (health insurance for low-income people);
- Medical and social science research;
- Medicare (health insurance for elderly and disabled Americans);
- Preventing child abuse and domestic violence;
- Preventing outbreak of infectious disease, including immunization service;
- Services for older Americans, including home-delivered meals; and
- Substance abuse treatment and prevention.

Within the Federal government, HHS is the largest grant-making agency offering approximately 60,000 grants per year. HHS' Medicare program is the nation's largest health insurer, handling more than 900 million claims per year.

HHS works closely with state, local, and Tribal governments, and many HHS-funded services are provided at the local level by state, county or Tribal agencies, or through private sector grantees.

The Department's programs are administered by 11 HHS operating divisions, including eight agencies in the U.S. Public Health Service and three human services agencies. In addition to the services they deliver, the HHS programs provide for equitable treatment of beneficiaries nationwide, and they enable the collection of national health and other data. The next section gives a thumbnail sketch of those operating divisions as well as a list of subordinate offices.

Administration for Children and Families (ACF)
200 Independence Avenue, SW
Washington, D.C. 20201
202-619-0257
http://www.acf.hhs.gov
ACF is responsible for some 60 programs which provide services and assistance to needy children and families, administers the new state-federal welfare program, Temporary Assistance to Needy Families, administers the national child support enforcement system, and the Head Start program, provides funds to assist low-income families in paying for child care, and supports state programs to provide for foster care and adoption assistance.

Administration on Aging (AoA)
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501
http://www.aoa.gov/
AoA supports a nationwide aging network, providing services to the elderly, especially to enable them to remain independent. AoA supports some 240 million meals for the elderly each year, including home-delivered "meals on wheels," helps provide transportation and at-home services, supports ombudsman services for elderly, and provides policy leadership on aging issues.

Agency for Healthcare Research and Quality (AHRQ)
2101 E. Jefferson Street
Suite 501
Rockville, MD 20852
301-594-1364
http://www.ahrq.gov
AHRQ supports research designed to improve the outcomes and quality of health care, reduce its costs, address patient safety and medical errors, and broaden access to effective services. The research sponsored, conducted, and disseminated by the Agency for Healthcare Research and Quality (AHRQ) provides information that helps people make better decisions about health care.

Agency for Toxic Substances and Disease Registry (ATSDR)
1600 Clifton Road
Atlanta, GA 30333
888-42-ATSDR (888-422-8737)
http://www.atsdr.cdc.gov/
ATSDR works with states and other federal agencies to prevent exposure to hazardous substances from waste sites. The agency conducts public health assessments, health studies, surveillance activities, and health education training in communities around waste sites on the U.S. Environmental Protection Agency's National Priorities List.

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
800-311-3435
http://www.cdc.gov
The CDC provides a system of health surveillance to monitor and prevent outbreak of diseases. With the assistance of states and other partners, CDC guards against international disease transmission, maintains national health statistics and provides for immunization services and supports research into disease and injury prevention.

Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore MD 21244-1850
410-786-3000
http://cms.hhs.gov/
CMS (formerly the Health Care Financing Administration) administers the Medicare and Medicaid programs, which provide health care to America's aged and indigent populations, about one in every four Americans, including nearly 18 million children and nursing home coverage for low-income elderly. CMS also administers the new Children's Health Insurance Program through approved state plans that cover more than 2.2 million children.

Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
888-INFO-FDA (888-463-6332)
http://www.fda.gov/
The FDA assures the safety and efficacy of food, human and veterinary drugs, biological products, medical devices, cosmetics, and radiation-emitting electronic products. The FDA is also responsible for removing any unsafe or unlawful products from the marketplace.

FEDERAL/STATE

FEDERAL AGENCIES

Health Resources and Services Administration (HRSA)

U.S. Department of Health and Human Services
Parklawn Building
5600 Fishers Lane
Rockville, MD 20857
http://www.hrsa.gov/

HRSA helps provide health resources for medically underserved populations. HRSA supports a nationwide network of 643 community and migrant health centers, and 144 primary care programs for the homeless and residents of public housing, serving 8.1 million Americans each year. HRSA also works to build the health care workforce and maintains the National Health Service Corps, oversees the nation's organ transplantation system, works to decrease infant mortality and improve child health and provides services to people with AIDS through the Ryan White CARE Act programs.

Indian Health Service (IHS)

Headquarters
The Reyes Building
801 Thompson Avenue
Suite 400
Rockville, MD 20852-1627
http://www.ihs.gov

IHS supports a network of 37 hospitals, 60 health centers, 3 school health centers, 46 health stations and 34 urban Indian health centers to provide services to nearly 1.5 million American Indians and Alaska Natives of 557 federally recognized tribes.

National Institutes of Health (NIH)

Bethesda, MD 20892
301-496-4000
http://www.nih.gov

With 17 separate institutes, NIH is the world's premier medical research organization, supporting some 35,000 research projects nationwide in diseases like cancer, Alzheimer's, diabetes, arthritis, heart ailments, and AIDS.

Office of the Secretary

200 Independence Avenue, SW
Washington, D.C. 20201
877-696-6775 Toll-free
202- 619-0257
http://www.hhs.gov/os

Office of the Secretary of Health and Human Services (OS) advises the President on health, welfare, and income security plans, policies, and programs of the Federal government. The Secretary administers these functions through the Office of the Secretary and the Department's 11 operating divisions, including a budget of $460 billion and a workforce of 65,000 employees.

Program Support Center (PSC)

Director of Customer Relations
5600 Fishers Lane
Room 17A-39
Rockville, MD 20857
301-443-1494
http://www.psc.gov/

A service-for-fee organization, PSC utilizes a pioneering business enterprise approach to provide government support services throughout HHS as well as other Departments and Federal agencies. Administrative operations, financial management and human resources are solution- and customer-oriented, state-of-the-art and highly responsive to customer needs.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Office of Communications
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
http://www.samhsa.gov/

SAMHSA is the Federal agency charged with improving the quality and availability of prevention, treatment, and rehabilitative services in order to reduce illness, death, disability, and cost to society resulting from substance abuse and mental illnesses.

Who, Where, What!
What office belongs to what agency?
To find out, see the following pages

FEDERAL/STATE
MORE HHS OFFICES

Administration for Children and Families
- Office of the Assistant Secretary
- Administration on Children, Youth, and Families
- Administration on Developmental Disabilities
- Administration for Native Americans
- Office of Administration
- Office of Community Services
- Office of Child Support Enforcement
- Office of Family Assistance
- Office of Legislative Affairs and Budget
- Office of Public Affairs
- Office of Policy and External Affairs
- Office of Planning, Research and Evaluation
- Office of Regional Operations
- Office of Refugee Resettlement

Agency for Healthcare Research and Quality

Agency for Toxic Substances and Disease Registry

Centers for Disease Control and Prevention
- Epidemiology Program Office
- National Center for Chronic Disease Prevention and Health Promotion
- National Center for Environmental Health
- National Center for Health Statistics
- National Center for HIV, STD, and TB Prevention
- National Center for Infectious Disease
- National Center for Injury Prevention and Control
- National Center on Birth Defects & Developmental Disabilities
- National Immunization Program
- National Institute for Occupational Safety & Health
- Office of the Director
- Public Health Practice Program Office

Center for Medicare & Medicaid Services
- Center for Beneficiary Choices
- Center For Medicare Management
- Center For Medicaid And State Operations
- Office of the Administrator
- Office of the Actuary
- Office of Communications And Operations Support
- Office of Clinical Standards and Quality
- Office of Equal Employment Opportunity And Civil Rights
- Office of Financial Management
- Office of Internal Customer Support
- Office of Information Services
- Office of Legislation
- Office of Research, Development & Information
- Public Affairs Office

Food and Drug Administration
- Office of the Commissioner
- Center for Biologics Evaluation and Research
- Center for Drug Evaluation and Research
- Center for Devices and Radiological Health
- Center for Food Safety and Applied Nutrition
- Center for Veterinary Medicine
- National Center for Toxicological Research
- Office of Regulatory Affairs

Health Resources and Services Administration
- Office of the Administrator
- Bureau of Health Professions
- Bureau of Primary Health Care
- HIV/AIDS Bureau
- Maternal and Child Health Bureau
- Office of Field Operations
- Office of Special Programs

Indian Health Service
- Office of the Director
- Division of Human Resources
- Division of Information Resources
- Office of Legislative Affairs
- Office of Environmental Health/Engineering
- Office of Management Support
- Office of Public Health
- Office of Tribal Programs
- Office of Public Affairs

National Institutes of Health
- Office of the Director
- Warren Grant Magnuson Clinical Center
- Center for Information Technology
- Center for Scientific Review
- Fogarty International Center
- National Center for Complementary and Alternative Medicine
- National Cancer Institute
- National Center on Minority Health and Health Disparities

FEDERAL/STATE
MORE HHS OFFICES

National Center for Research Resources
National Eye Institute
National Human Genome Research Institute
National Heart, Lung, and Blood Institute
National Institute on Aging
National Institute on Alcohol Abuse and Alcoholism
National Institute of Allergy and Infectious Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Biomedical Imaging and Bioengineering
National Institute of Child Health and Human Development
National Institute on Drug Abuse
National Institute on Deafness and Other Communication Disorders
National Institute of Dental and Craniofacial Research
National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Environmental Health Sciences
National Institute of General Medical Sciences
National Institute of Mental Health
National Institute of Neurological Disorders and Stroke
National Institute of Nursing Research
National Library of Medicine

Office of the Secretary

Office of the Assistant Secretary for Administration and Management
Office of the Assistant Secretary for Budget, Technology, and Finance
Office of the Assistant Secretary for Legislation
Office of the Assistant Secretary for Public Affairs
Office of the Assistant Secretary for Planning and Evaluation
Office for Civil Rights
Office of the General Counsel
Office of Inspector General
Office of Public Health and Science

Program Support Center

Substance Abuse and Mental Health Services Administration

Office of the Administrator
Center for Mental Health Services
Center for Substance Abuse Prevention
Center for Substance Abuse Treatment
Office of Applied Studies
Office of Program Services

FEDERAL/STATE MINORITY HEALTH/ SPECIAL POPULATION OFFICES

While not every HHS agency has a specific minority health office, many have a division or department set up that handles minority/special population concerns.

Agency for Healthcare Research and Quality (AHRQ)

AHRQ Office of Priority Populations Research
Executive Office Center, Suite 600
2101 East Jefferson Street
Rockville, MD 20852
301-594-7248
301-443-0251 Fax
http:///www.ahrq.gov

Agency for Toxic Substance and Disease Registry (ATSDR)

ATSDR Office of Urban Affairs
1600 Clifton Road, Mailstop E-28
Atlanta, GA 30333
404-498-0111
404-498-0087 Fax
http://www.atsdr.cdc.gov/OUA/

Centers for Disease Control and Prevention (CDC)

CDC Office of the Associate Director for Minority Health
1600 Clifton Road, NE, Mailstop D39
Atlanta, GA 30333
404-639-7210
404-639-7039 Fax
http://www.cdc.gov/od/admh/

Food and Drug Administration (FDA)

FDA Office of Special Health Issues
Parklawn Building, HF-12
5600 Fishers Lane
Rockville, MD 20857
301-827-4460
301-443-4555 Fax
http://www.fda.gov/oashi/home.html

Health Resources and Services Administration (HRSA)

HRSA Office of Minority Health
Parklawn Building, Room 10-49
5600 Fishers Lane
Rockville, MD 20857
301-443-2964
301-443-7853 Fax
http://www.hrsa.gov/OMH/

Indian Health Service (IHS)

IHS Affirmative Employment Program
801 Thompson Avenue, Suite 400
Rockville, MD 20852
301-443-7493
301-443-0096 Fax
http://www.ihs.gov

National Institutes of Health (NIH)

NIH National Center on Minority Health and Health Disparities (NCMHD)
6707 Democracy Boulevard, Suite 800
MSC-5465
Bethesda, MD 20892-5465
301-402-1366
301-480-4049 Fax
http://ncmhd.nih.gov/

Substance Abuse and Mental Health Services Administration (SAMHSA)

SAMHSA Office of Policy and Program Coordination
Rockwall II Building, Room 10-75
5600 Fishers Lane
Rockville, MD 20857
301-443-7265
301-443-9538 Fax
http://www.samhsa.gov

Federal Health Information Clearinghouses and Centers

The Federal Government operates many clearinghouses and information centers that focus on specific topics. Their services include distributing publi cations, providing referrals, and answering inquiries. The clearinghouses are listed by keyword and should be contacted directly for information.

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

ADOPTION

National Adoption Information Clearinghouse (NAIC)
330 C Street, SW
Washington, D.C. 20447
888-251-0075
703-352-3488
703-385-3206 Fax
http://www.calib.com/naic

AGING

National Aging Information Center
U.S. Administration on Aging
Room 4656
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501
202-401-7620 Fax
http://www.aoa.gov/naic

National Institute on Aging Information Center
P. O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225
301-496-1752
301-589-3014 Fax
http://www.nia.nih.gov/health/

AIDS/HIV

AIDS Clinical Trials Information Service (ACTIS)
P. O. Box 6421
Rockville, MD 20849-6421
800-874-2572
301-519-0459 International
301-519-6616 Fax
http://www.actis.org/

CDC National Prevention Information Network (NPIN)
(HIV/AIDS, STDs, TB)
P. O. Box 6003
Rockville, MD 20849-6003
800-458-5231
301-562-1098 International
800-243-7012 TTY
301-588-1589 International TTY
888-282-7681 Fax
301-562-1050 International Fax
http://www.cdcnpin.org

HIV/AIDS Treatment Information Service (ATIS)
P. O. Box 6303
Rockville, MD 20849-6303
800-448-0440
301-519-0459 International
301-519-6616 Fax
888-480-3739 TTY
http://www.hivatis.org

ALCOHOL, DRUGS, SUBSTANCE ABUSE

National Clearinghouse for Alcohol and Drug Information (NCADI)
P. O. Box 2345
Rockville, MD 20847-2345
800-729-6686
301-468-2600
800-487-4889 TTY
301-230-2867 International TTY
301-468-6433 Fax
http://www.health.org

ALLERGY/INFECTIOUS DISEASE

National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Public Liaison
Building 31, Room 7A-50
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
301-496-5717
301-402-0120 Fax
http://www.niaid.nih.gov

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

ALTERNATIVE MEDICINE

National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse
P. O. Box 7923
Gaithersburg, MD 20898
888-644-6226
866-464-3615 TTY
866-464-3616 Fax
http://nccam.nih.gov/

ALZHEIMER'S DISEASE

Alzheimer's Disease Education and Referral (ADEAR) Center
P. O. Box 8250
Silver Spring, MD 20907-8250
800-438-4380
301-495-3334 Fax
http://www.alzheimers.org

ARTHRITIS

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse
National Institutes of Health
1 AMS Circle
Bethesda, Maryland 20892-3675
877-22-NIAMS
301-495-4484
301-565-2966 TTY
301-718-6366 Fax
http://www.niams.nih.gov/

ASTHMA

National Heart, Lung, and Blood Institute (NHLBI) Health Information Center
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
240-629-3255 TTY
301-592-8563 Fax
http://www.nhlbi.nih.gov

BLINDNESS/VISUAL IMPAIRMENT

National Library Service for the Blind & Physically Handicapped
Library of Congress
Washington, D.C. 20542
202-707-5100
202-707-0712 Fax
202-707-0744 TTY
http://www.loc.gov/nls/

CANCER

Cancer Information Service (CIS)
National Cancer Institute (NCI)
9000 Rockville Pike
Bethesda, MD 20892
800-4-CANCER (800-422-6237)
800-332-8615 TTY
http://cis.nci.nih.gov/

CHILD ABUSE

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, D.C. 20847
800-394-3366
703-385-7565
703-385-3206 Fax
http://www.calib.com/nccanch/

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

CHILD CARE SERVICES

National Child Care Information Center (NCCIC)
243 Church Street, NW
2nd Floor
Vienna, VA 22180
800-616-2242
800-516-2242 TTY
800-716-2242 Fax
http://nccic.org

CHILDREN AND FAMILY

National Clearinghouse on Families & Youth (NCFY)
P. O. Box 13505
Silver Spring, MD 20911-3505
301-608-8098 Voice/TTY
301-608-8721 Fax
http://www.ncfy.com/

National Institute of Child Health and Human Development (NICHD) Clearinghouse
P. O. Box 3006
Rockville, MD 20847
800-370-2943
888-320-6942 TTY
301-984-1473 Fax
http://www.nichd.nih.gov/publications/health.cfm

CHILDREN'S DISABILITIES

National Information Center for Children and Youth with Disabilities (NICHCY)
P. O. Box 1492
Washington, D.C. 20013-1492
800-695-0285 Voice/TTY
202-884-8200 Voice/TTY
202-884-8441 Fax
http://www.nichcy.org

CHILDREN'S HEALTH INSURANCE

InsureKids Now
HRSA's Office of Field Operations
Parklawn Building
Room 13A-55
5600 Fishers Lane
Rockville, MD 20857
877-KIDS NOW (877-543-7669)
http://www.insurekidsnow.gov

State Children's Health Insurance Program (SCHIP)
Outcome Information Clearinghouse
7500 Security Boulevard
MS S2-01-16
Baltimore, MD 21244
410-785-8705
410-786-5943 Fax
http://www.hcfa.gov/init/outreach/outhome.htm

CHILDREN'S MENTAL HEALTH

Center for Mental Health Services Knowledge Exchange Network
P. O. Box 42490
Washington, D.C. 20015
800-789-2647
301-443-1805 International
301-984-8796 Fax
301-443-9006 TDD
http://www.mentalhealth.org

CLINICAL TRIALS

ClinicalTrials.gov
8600 Rockville Pike
Bethesda, MD 20894
888-FIND-NLM (888-346-3656)
301-496-5511 TTY
301-594-5983 International
http://www.clinicaltrials.gov

CONSUMER INFORMATION

Federal Consumer Information Center
Pueblo, CO 81009
888-878-3256 Toll-free
719-948-9724 Fax
http://www.pueblo.gsa.gov

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

U.S. Consumer Product Safety Commission (CPSC)
Washington, D.C. 20207-0001
800-638-2772
301-504-0990
http://www.cpsc.gov

CRIMINAL JUSTICE

National Criminal Justice Reference Service (NCJRS)
P. O. Box 6000
Rockville, MD 20850
800-851-3420
301-519-5500 International
877-712-9279 TTY
301-947-8374 International TTY
http://www.ncjrs.org

DEAFNESS/COMMUNICATION DISORDERS

National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
800-241-1044
800-241-1055 TTY
301-907-8830 Fax
http://www.nidcd.nih.gov/health/health.htm

DIABETES

National Diabetes Education Program (NDEP)
1 Diabetes Way
Bethesda, MD 20892-3600
800-860-8747
800-438-5383 Publications
301-907-8906 Fax
http://ndep.nih.gov/

National Diabetes Information Clearinghouse (NDIC)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
301-654-3327
301-907-8906 Fax
http://www.niddk.nih.gov/health/diabetes/ndic.htm

DIGESTIVE DISEASES

National Digestive Diseases Information Clearinghouse (NDDIC)
2 Information Way
Bethesda, MD 20892-3570
800-891-5389
301-654-3810
301-907-8906 Fax
http://www.niddk.nih.gov/health/digest/nddic.htm

DISABILITY AND REHABILITATION

DisabilityDirect
http://www.disabilities.gov

National Center for the Dissemination of Disability Research (NCDDR)
Southwest Educational Development Laboratory
211 East Seventh Street, Suite 400
Austin, Texas 78701-3281
800-266-1832
512-476-6861
512-476-2286 Fax
http://www.ncddr.org

National Rehabilitation Information Center (NARIC)
10001 Derekwood Lane
Suite 115
Lanham, MD 20706
301-459-5900
http://www.naric.com/

DISEASE PREVENTION/HEALTH PROMOTION

Centers for Disease Control and Prevention (CDC)
Office of Public Inquiry
1600 Clifton Road, NE
Atlanta, GA 30333
800-311-3435
404-639-3534
404-639-3311
http://www.cdc.gov

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

Healthfinder
National Health Information Center (NHIC)
P. O. Box 1133
Washington, D.C. 20013-1133
800-336-4797
301-565-4167
301-468-1204 Fax
http://www.healthfinder.gov

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention
4770 Buford Highway, NE
MS K13
Atlanta, GA 30341
770-488-5080
770-488-5969 Fax
http://www.cdc.gov/nccdphp

DOMESTIC VIOLENCE

National Domestic Violence Hotline
Texas Council on Family Violence
P. O. Box 161810
Austin, TX 78716
800-799-SAFE (800-799-7233)
800-787-3224 TTY
512-453-8541 Fax
http://www.ndvh.org/

National Health Resource Center on Domestic Violence
Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103
888-RX-ABUSE (888-792-2873)
415-252-8900
415-252-8991 Fax
http://endabuse.org/programs/healthcare

Violence Against Women Office (VAWO)
U.S. Department of Justice
810 7th Street, NW
Washington, D.C. 20531
202-307-6026
202-307-2277 TTY
202-307-3911 Fax
http://www.ojp.usdoj.gov/vawo/welcome.html

DRUG POLICY

White House Office of National Drug Control Policy (ONDCP)
Drug Policy Information Clearinghouse
P. O. Box 6000
Rockville, MD 20849-6000
800-666-3332
301-519-5212 Fax
http://www.Whitehousedrugpolicy.gov/about/clearingh.html

ENVIRONMENTAL HEALTH

Environmental Protection Agency (EPA)
Headquarters Information Resources Center
401 M Street, SW
Mailcode 3404
Washington, D.C. 20460
202-260-5922
202-260-5153 Fax
http://www.epa.gov/natlibra/hqirc/about.htm

EYE HEALTH

National Eye Institute (NEI)
Office of Communication, Health Education, and Public Liaison
National Institutes of Health
2020 Vision Place
Bethesda, MD 20892-2510
301-496-5248
301-402-1065 Fax
http://www.nei.nih.gov

FAMILY PLANNING

Office of Population Affairs (OPA)
Office of Population Affairs Clearinghouse
P. O. Box 30686
Bethesda, MD 20824-0686
301-654-6190
301-215-7731 Fax
http://opa.osophs.dhhs.gov/clearinghouse.html

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

FOOD AND DRUG SAFETY

Food and Drug Administration (FDA)
5600 Fishers Lane
Rockville, MD 20857
888-INFO-FDA (888-463-6332)
http://www.fda.gov/

FOOD AND NUTRITION

Food and Nutrition Information Center (FNIC)
National Agricultural Library
10301 Baltimore Avenue
Beltsville, MD 20705-2351
301-504-5719
301-504-6856 TTY
301-504-6409 Fax
http://www.nal.usda.gov/fnic/

HEALTH CARE POLICY AND RESEARCH

Agency for Healthcare Research and Quality (AHRQ)
Publications Clearinghouse
P. O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
410-381-3150 International
888-586-6340 TDD
301-594-2800 InstantFAX service
http://www.ahrq.gov

National Information Center on Health Services Research and Health Care Technology (NICHSR)
National Library of Medicine
8600 Rockville Pike
Building 38A, Room 4S-410
Mail Stop 20
Bethesda, MD 20894
301-496-0176
301-402-3193 Fax
http://www.nlm.nih.gov/nichsr/nichsr.html

HEALTH CARE FINANCE

Center for Medicare and Medicaid Services (CMS)
(Formerly HCFA – Health Care Finance Administration)
7500 Security Boulevard
Baltimore, MD 21244
410-786-3000
http://www.cms.hhs.gov

HEALTH STATISTICS

National Center for Health Statistics (NCHS)
Centers for Disease Control and Prevention
6525 Belcrest Road
Suite 1064
Hyattsville, MD 20782
301-458-4636
301-458-4027 Fax
http://www.cdc.gov/nchs

HEART DISEASE & HEART HEALTH

National Heart, Lung, and Blood Institute (NHLBI) Health Information Center
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
301-592-8563 Fax
http://www.nhlbi.nih.gov

HIGHWAY SAFETY

National Highway Traffic Safety Administration (NHSTA)
Department of Transportation
400 Seventh Street, SW
NTS-21
Washington, D.C. 20590
888-DASH-2-DOT (888-327-4236)
202-366-5399
202-493-2062 Fax
http://www.nhsta.dot.gov

HOMELESSNESS

National Resource Center on Homelessness and Mental Illness
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-444-7415
518-439-7612 Fax
http://www.nrchmi.com/

IMMUNIZATION

The National Immunization Program (NIP)
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E52
Atlanta, GA 30333
800-232-2522
800-243-7889 TTY
404 639 8828 Fax
http://www.cdc.gov/nip

INJURY PREVENTION

National Center for Injury Prevention and Control (NCIPC)
4770 Buford Highway, NE
Mailstop K65
Atlanta, GA 30341-3724
770-488-1506
770-488-1667 Fax
http://www.cdc.gov/ncipc/

U.S. Consumer Product Safety Commission (CPSC)
Washington, D.C. 20207
800-638-2772
800-638-8270 TTY/TDD
301-504-0281 Fax
http://www.cpsc.gov

KIDNEY AND UROLOGIC DISEASES

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)
3 Information Way
Bethesda, MD 20892-3580
800-891-5390
301-654-4415
301-907-8906 Fax
http://www.niddk.nih.gov/health/kidney/kidney.htm

LEAD POISONING

National Lead Information Center
801 Roeder Road
Suite 600
Silver Spring, MD 20910
800-424-LEAD (800-424-5323)
301-588-8495 Fax
http://www.epa.gov/lead/nlic.htm

LIBRARY SERVICES

National Library of Medicine (NLM)
8600 Rockville Pike
Bethesda, MD 20894
888-FIND-NLM (888-346-3656)
301-496-5511 TTY
301-594-5983 International
http://www.nlm.nih.gov

LIMITED ENGLISH PROFICIENCY

U.S. Department of Education
Office for Civil Rights
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
800-421-3481
877-521-2172 TDD
202-205-9862 Fax
http://www.ed.gov/offices/OCR
http://www.lep.gov

LUNG DISEASE & LUNG HEALTH

Indoor Air Quality (IAQ) Information Clearinghouse
IAQ INFO
P. O. Box 37133
Washington D.C. 20013-7133
800-438-4318
703-356-4020
703-356-5386 Fax
http://www.epa.gov/iaq/

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

National Heart, Lung, and Blood Institute (NHLBI) Health Information Center
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
301-592-8563 Fax
http://www.nhlbi.nih.gov

LUPUS

National Institute of Arthritis and Musculoskeletal and Skin (NIAMS) Diseases Information Clearinghouse
National Institutes of Health
1 AMS Circle
Bethesda, Maryland 20892-3675
877-22-NIAMS
301-495-4484
301-565-2966 TTY
301-718-6366 Fax
http://www.niams.nih.gov/

MATERNAL AND CHILD HEALTH

National Center for Education in Maternal and Child Health (NCEMCH)
2000 15th Street North
Suite 701
Arlington, VA 22201
703-524-7802
703-524-9335 Fax
http://www.ncemch.org

National Maternal and Child Health Clearinghouse (NMCHC)
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182
888-434-4624
703-821-2098 Fax
http://www.nmchc.org

MEDICAID

Center for Medicare and Medicaid Services (CMS)
Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244
410-786-7144
http://www.hcfa.gov/medicaid
(See Website for state/regional toll-free numbers)

MEDICARE

Center for Medicare and Medicaid Services
Center for Medicare Management
7500 Security Boulevard
Baltimore, MD 21244
800-MEDICARE (800-633-4227)
877-486-2048 TTY
http://www.medicare.gov

MENTAL HEALTH

Center for Mental Health Services Knowledge Exchange Network (KEN)
P. O. Box 42490
Washington, D.C. 20015
800-789-2647
301-984-8796 Fax
301-443-9006 TDD
http://www.mentalhealth.org

National Institute of Mental Health (NIMH)
NIMH Public Inquiries
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
301-443-4279 Fax
http://www.nimh.nih.gov

OCCUPATIONAL SAFETY

National Institute for Occupational Safety and Health (NIOSH)
4676 Columbia Parkway
Cincinnati, OH 45226
800-35-NIOSH (800-356-4674)
513-533-8573 Fax
http://www.cdc.gov/niosh

ORAL HEALTH

National Oral Health Information Clearinghouse (NOHIC)
1 NOHIC Way
Bethesda, MD 20892-3500
301-402-7364
301-656-7581 TTY
301-907-8830 Fax
http://www.nohic.nidcr.nih.gov

National Maternal and Child Oral Health Resource Center
2000 15th Street, North
Suite 701
Arlington, VA 22201-2617
703-524-7802
703-524-9335 Fax
http://www.mchoralhealth.org/

ORGAN TRANSPLANTATION

Division of Transplantation
Office of Special Programs
Health Resources and Services Administration (HRSA)
Parklawn Building, Room 7C-22
5600 Fishers Lane
Rockville, MD 20857
301-443-7577
301-443-1267 Fax
http://www.organdonor.gov

ORPHAN DRUGS AND RARE DISEASES

Office of Orphan Products Development
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
800-300-7469
301-827-3666
301-443-4915 Fax
http://www.fda.gov/orphan/

Office of Rare Diseases (ORD)
National Institutes of Health
31 Center Drive
Room 1B19, MSC 2084
Bethesda, MD 20892-2084
301-402-4336
301-480-9655 Fax
http://rarediseases.info.nih.gov/

OSTEOPOROSIS

NIH Osteoporosis and Related Bone Diseases-National Resource Center
1232 22nd Street, NW.
Washington, D.C. 20037-1292
800-624-2663
202-223-0344
202-466-4315 TTY
202-293-2356 Fax
http://www.osteo.org

PHYSICAL FITNESS

Presidents Council on Physical Fitness and Sports
Department W
200 Independence Avenue, SW
Room 738-H
Washington, D.C. 20201-0004
202-690-9000
202-690-5211 Fax
http://www.fitness.gov

POST TRAUMATIC STRESS DISORDER

National Center for Post Traumatic Stress Disorder (NCPTSD)
National Center for PTSD (116D)
Executive Division
215 North Main Street
White River Junction, VT 05009
802-296-5132
802-296-5135 Fax
http://www.ncptsd.org

FEDERAL/STATE

FEDERAL HEALTH CLEARINGHOUSES

PRIMARY CARE

Health Resources and Services Administration (HRSA)
Information Center
P. O. Box 2910
Merrifield, VA 22116
888-275-4772 Toll-free
703-442-9051
703-556-4831 TTY/TDD
http://www.ask.hrsa.gov

RURAL HEALTH

Rural Information Center Health Service (RICHS)
National Agricultural Library, Room 304
10301 Baltimore Avenue
Beltsville, MD 20705-2351
800-633-7701
301-504-5547
301-504-5181 Fax
301-504-6856 TDD/TTY
http://www.nal.usda.gov/ric/richs

SICKLE CELL DISEASE

National Heart, Lung, and Blood Institute (NHLBI) Health Information Center
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
301-592-8563 Fax
http://www.nhlbi.nih.gov

SMOKING AND TOBACCO

Office on Smoking and Health
Centers for Disease Control and Prevention
Publications Catalog, Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-3724
800-CDC-1311 (800-232-1311)
770-488-5705
770-332-2552 Fax
http://www.cdc.gov/tobacco

STROKE

National Institute of Neurological Disorders and Stroke (NINDS)
Brain Resources and Information Network (BRAIN)
NINDS/NIH
P. O. Box 5801
Bethesda, MD 20824
800-352-9424
301-496-5751 Fax
http://www.ninds.nih.gov

SUDDEN INFANT DEATH SYNDROME (SIDS)

National SIDS Resource Center
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182
866-866-7437 Toll-free
703-821-8955
703-821-2098 Fax
http://www.sidscenter.org

VETERANS AFFAIRS

Center for Minority Veterans
810 Vermont Avenue, NW
Washington, D.C. 20420
800-827-1000
http://www.va.gov

VIOLENCE PREVENTION

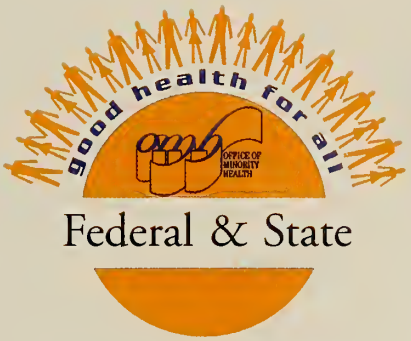
National Youth Violence Prevention Resource Center (NYVPRC)
8401 Colesville Road
Suite 200
Silver Spring, MD 20910
888-Safeyouth (888-723-3968)
800-243-7012 TTY
301-562-1001 Fax
http://www.SAFEYOUTH.org

WEIGHT CONTROL

Weight-control Information Network (WIN)
1 WIN Way
Bethesda, MD 20892-3665
877-946-4627 Toll-free
202-828-1025
202-828-1028 Fax
http://www.niddk.nih.gov/health/nutrit/nutrit.htm

WOMEN'S HEALTH

National Women's Health Information Center (NWHIC)
8550 Arlington Boulevard
Suite 300
Fairfax, VA 22031
800-994-WOMAN (800-994-9662)
888-220-5446 TDD
703-560-6598 Fax
http://www.4woman.gov



Federal & State

State Contacts

The following section offers a State Minority Liaison list of state minority health representatives in each state. For those states not listed, contact the local health department.

The Public Health Service Regional Minority Health Consultants and State Health Departments are also listed. If you do not see your state listed, please contact the Office of Minority Health Resource Center at 800-444-6472 for additional assistance.

FEDERAL/STATE MINORITY LIAISONS

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1740 West Adams
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602-542-2906
602-542-2722 Fax
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Arkansas

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Office of Minority Healthy
Arkansas Department of Health
4815 West Markham, Slot 22
Little Rock, AR 72205
501-661-2193
501-661-2414 Fax
E-mail: cbpatterson@healthyarkansas.com

Tommy Sproles
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Arkansas Minority Health Commission
Arkansas Department of Health
1123 South University – Suite 910
Little Rock, AR 72204
501-686-2720
501-686-2722 Fax
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California

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California Department of Health Services
700 North 10th Street, Suite 110
P. O. Box 942732
Sacramento, CA 94234-7320
916-322-1519
916-327-6135 Fax
E-mail: vbaird@dhs.ca.gov

Colorado

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Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530
303-692-2028
303-782-0095 Fax
E-mail: lori.maldonado@state.co.us

Connecticut

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Office of Multicultural Health
State Department of Public Health
410 Capitol Avenue, MS#13PPE
P. O. Box 340308
Hartford, CT 06134-0308
860-509-7140
860-509-7160 Fax
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FEDERAL/STATE MINORITY LIAISONS

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http://www.dchealth.com

Federal States of Micronesia

Eliuel K. Pretrick, MD
Secretary of Health
Department of Human Resources
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P. O. Box 70
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011-691-320-2619
011-691-320-5263 Fax
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850-245-4012
850-487-2168 Fax
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http://www.doh.state.fl.us/EquOpp/index.html

Georgia

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404-657-6707
404-657-2769 Fax
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http://www.communityhealth.com

Guam

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011-671-734-7101
011-671-734-5910 Fax

Hawai'i

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Hawai'i State Department of Health
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217-782-4977
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Indiana State Department of Health
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Indianapolis, IN 46204
317-233-7596
E-mail: dpatters@isdh.state.in.us
http://www.in.gov/isdh

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Indiana Minority Health Coalition, Inc.
3737 North Meridian Street
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Indianapolis, IN 46208
317-926-4011 x221
877-367-4642 IMHC Line
E-mail: sdekemper@imhc.org
http://www.imhc.org

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Iowa Department of Health
5th floor - Lucas State Office Building
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515-281-4904
515-242-6384 Fax
E-mail: jwells@idph.state.ia.us

Kentucky

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Executive Director of Minority Affairs
Governor's Office
700 Capital Avenue
State Capital Building-Room106
Frankfort, KY 40601
502-564-2611
502-564-2517 Fax
E-mail: lgray@mail.state.ky.us

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Durand "Rudy" Macklin
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Bureau of Minority Health Access
Governor's Council on Physical Fitness and Sports
1201 Capitol Access Road, 3rd Floor
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225-342-9500
225-342-5568 Fax
E-mail: rmacklin@dhh.state.la.us

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207-287-5524
207-287-5431 Fax
E-mail: sophie.e.glidden@state.me.us
http://www.state.me.us/dhs/bohodr/orhpcpge.htm

Marshall Islands

Donald F. Chapell
Secretary of Health/Minister of Health Services
Republic of the Marshall Islands
Majuro, Marshall Islands 96960
011-692-625-5660/3355
011-692-625-3436 Fax
E-mail: rmimohe@ntamar.com

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Maryland Office of Minority Health
Office of Community Relations
Maryland Department of Health and Mental Hygiene
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410-767-6593
410-333-5337 Fax
E-mail: abrooks@dhmh.state.md.us

Massachusetts

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517-335-9909 Fax
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651-297-5813
651 215-5801 Fax
E-mail: Gloria.Lewis@state.mn.us

Mississippi

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Mississippi State Department of Health
Minority Affairs
570 E. Woodrow Wilson Boulevard
P. O. Box 1700
Jackson, MS 39215-1700
601-576-7950
601-576-7905 Fax
E-mail: ldenson@msdh.state.ms.us
http://www.msdh.state.ms.us

Montana

Deborah Henderson and Sharon Wagner
Family and Community Health Bureau
Section Supervisors
Minority Health Contacts
Department of Public Health and Human Services
Cogswell Building, 1400 Broadway
Helena, MT 59620
406-444-2794 (DH)
406-444-3617 (SW)
406-444-2606 Fax
E-mail: dehenderson@state.mt.us
E-mail: shwagner@state.mt.us

FEDERAL/STATE MINORITY LIAISONS

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William D. Walker
Director
Office of Minority Health
New Hampshire Department of Health
and Human Services
129 Pleasant Street
Concord, NH 03301
603-271-8459
603-271-4727 Fax
E-mail: bwalker@dhhs.state.nh.us

New Mexico

Paul V. Romero, Chief
Office of Workforce Development and Health Equity
New Mexico Department of Health
Harold Runnels Building
1190 St. Francis Drive
Room S-1050
Santa Fe, NM 87503
505-827-2056
505-827-2329 Fax
E-mail: paulvr@doh.state.nm.us

New York

Wilma E. Waithe, MA, RD, CDN
Director
Office of Minority Health
New York State Department of Health
ESP - Corning Tower Building, Room 612
Albany, NY 12237-0092
518-474-2180
518-473-8389 Fax
E-mail: wew01@health.state.ny.us

New York City

Victor Hunter
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NYCDOH/Minority Health Program
253 Broadway, 6th Floor
Room 602
New York, NY 10007
212-676-2900/2901
212-676-293 Fax
E-mail: vhunter@health.nyc.gov

North Carolina

Barbara Pullen-Smith, MPH
Executive Director
North Carolina Department of Health
and Human Services
Office of Minority Health and Health Disparities
1906 Mail Service Center
Raleigh, NC 27699-1906
919-715-0992
919-715-0997 Fax
E-mail: Barbara.Pullen-Smith@ncnet.mail

Northern Mariana Islands

Joseph Kevin Villagomez
Secretary of Health
Commonwealth of the Northern Mariana Islands
500409 CK, Lower Navy Hill
Saipan, MP 96950
670-234-8950
670-234-8930 Fax
E-mail: dphsec1@vzpacifica.net
http://www.saipan-medicine.com

Ohio

Cheryl A. Boyce, MS
Executive Director
Ohio Commission on Minority Health
77 South High Street, 7th Floor
Columbus, OH 43215
614-466-4000
614-752-9049 Fax
E-mail: cheryl.boyce@ocmh.state.oh.us
http://www.state.oh.us/mih/

FEDERAL/STATE MINORITY LIAISONS

Oklahoma

Demetrio (JR) Gutierrez, EdD, CHE
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Office of Minority Health
1000 NE 10th Street, Suite 211
Oklahoma City, OK 73117
405-271-1337
405-271-1262 Fax
E-mail: Demetrio@health.state.ok.us
http://www.health.state.ok.us/

Oregon

Vicki Nakashima
Director
Oregon Department of Human Services
Office of Multicultural Health
800 NE Oregon Street
Suite 930
Portland, OR 97232
503-731-4582
503-731-4078 Fax
E-mail: vicki.nakashima@state.or.us
http://www.healthoregon.org/omh

Puerto Rico

Nadia Gardana, MPH
Coordinator
Office of Federal Affairs (OMH/PCO)
Special Racial/Ethnic Health Issues
Puerto Rico Department of Health
P. O. Box 70139
San Juan, PR 00936
787-274-7735
787-274-7736
787-759-6552 Fax
E-mail: ngardana@salud.gov.pr

Rhode Island

Vania Brown-Small, MS, RN, CS
Coordinator
Office of Minority Health
Rhode Island Department of Health
Three Capitol Hill, Room 407
Providence, RI 02908-5097
401-222-5117
401-273-4350 Fax
E-mail: vaniab@doh.state.ri.us

South Carolina

Gardenia B. Ruff, Director
Office of Minority Health
South Carolina Department of Health and Environmental Control (SCDHEC)
2600 Bull Street
Columbia, South Carolina 29202
803-898-3808
803-898-3810 Fax
E-mail: ruffgb@columb20.dhec.state.sc.us
http://www.scdhec.net/net/hs/minority/minority.htm

Tennessee

Robbie M. Jackman, MSSW
Director
Office of Minority Health
Tennessee Department of Health
425 5th Avenue North
Cordell Hull Building, 3rd Floor
Nashville, TN
615-741-9443
E-mail: Robbie.Jackman@state.tn.us
http://www.state.tn.us/health/minority

Texas

Judy Garner
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Office of Minority Health
Texas of Department of Health
1100 West 49th Street, #543
Austin, TX 78756
512-458-7629
512-458-7713 Fax
E-mail: judy.garner@tdh.state.tx.us

FEDERAL/STATE MINORITY LIAISONS

Utah

Khando Chazotsang
Ethnic Health Coordinator
Bureau of Primary Care, Rural and Ethnic Health
Utah Department of Health
P. O. Box 142005
288 North 1460 West, Fourth Floor
Salt Lake City, UT 84114-2005
801-538-6965
801-538-6387 Fax
E-mail: kchazots@doh.state.ut.us
http://www.ethnichealthutah.org

Vermont

Runesha Jacques Muderhwa
Director
Office of Minority Health
Vermont Department of Health
108 Cherry Street
P. O. Box 70
Burlington, VT 05402-0070
802-863-7273
802-651-1634 Fax
E-mail: jmuderh@vdh.state.vt.us

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Office of Minority Health
Office of Health Policy
Virginia Department of Health
1500 East Main Street, Suite 214
Richmond, VA 23219
804-371-8619
804-786-4616 Fax
E-mail: hmurdaugh@vdh.state.us.va

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PHS Region VIII

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PHS Region IX

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States: Arizona, California, Hawaii, and Nevada
U.S. Associated Pacific Basin: American Samoa, Commonwealth of the Mariana Islands, Guam, Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau

PHS Region X

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ALABAMA

State of Alabama
Department of Public Health
P. O. Box 303017
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334-206-5300
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ALASKA

Alaska Health and Social Services
Division of Public Health
P. O. Box 110601
Juneau, AK 99811-0610
907-465-3030
http://www.hss.state.ak.us/dph/

AMERICAN SAMOA

American Samoan Government
LBJ Tropical Medical Center
Pago Pago, AS 96799
011-684-633-2243

ARIZONA

Arizona Department of Health Services
1740 West Adams
Phoenix, AZ 85007
602-542-4900
http://www.hs.state.az.us/

ARKANSAS

Arkansas Department of Health
4815 West Markham Street
Little Rock, AR 72205
501-661-2000
http://www.HealthyArkansas.com/

CALIFORNIA

California Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814
916-657-1425
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COLORADO

Colorado Department of Public Health and Environment
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4300 Cherry Creek Drive South
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CONNECTICUT

State of Connecticut Department of Public Health
Office of Health Communications
410 Capitol Avenue, P.O .Box 340308
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860-509-8000
860-509-7553
http://www.dph.state.ct.us/

DELAWARE

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Division of Public Health
P. O. Box 637
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DISTRICT OF COLUMBIA

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FEDERAL/STATE STATE HEALTH DEPARTMENTS

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Atlanta, GA 30303-3186
404-657-2700
http://www.ph.dhr.state.ga.us/

HAWAII

Hawaii State Department of Health
1250 Punchbowl Street
Honolulu, HI 96813
808-586-4410
http://www.hawaii.gov/health/

IDAHO

Idaho Department of Health and Welfare
450 West State Street,
Boise, ID 83720-0036
208-334-5500
http://www2.state.id.us/dhw/index.htm

ILLINOIS

Illinois Department of Public Health
535 West Jefferson Street
Springfield, IL62761
217-782-4977
http://www.idph.state.il.us/

INDIANA

Indiana State Department of Health
2 North Meridian Street
Indianapolis, IN 46204
317-233-1325
http://www.IN.gov/isdh/index.htm

IOWA

Iowa Department of Public Health
321 East 12th Street
Des Moines, IA 50319
515-281-7689
http://idph.state.ia.us/

KANSAS

Kansas Department of Health and Environment
Division of Health
1000 SW Jackson, Suite 300
Topeka, KS 66612-1365
785-296-1343
http://www.kdhe.state.ks.us/health/

KENTUCKY

Kentucky Cabinet for Health Services
Department for Public Health
275 East Main Street
HS1GWA
Frankfort, KY 40621
502-564-3970
http://publichealth.state.ky.us/

LOUISIANA

Louisiana Department of Health and Hospitals
Office of Public Health
1201 Capitol Access Road
Bin 4
Baton Rouge, LA 70802
225-342-8093
http://www.oph.dhh.state.la.us/

FEDERAL/STATE STATE HEALTH DEPARTMENTS

MAINE

Maine Department of Human Services
Bureau of Health
11 State House Station
157 Capitol Street
Augusta, ME 04333
207-287-8016
http://www.state.me.us/dhs/boh/index.htm

MARYLAND

Maryland Department of Health and Mental Hygiene
201 West Preston Street, 3rd Floor
Baltimore, MD 21201
410-767-6860
877-463-3464 Maryland only
http://www.dhmh.state.md.us/

MASSACHUSETTS

Massachusetts Department of Public Health
250 Washington Street
Boston, MA 02108-4619
617-624-6000
http://www.state.ma.us/dph/

MICHIGAN

Michigan Department of Health
Sixth Floor, Lewis Cass Building
320 South Walnut Street
Lansing, MI 48913
517-373-3500
http://www.michigan.gov/mdch

MINNESOTA

Minnesota Department of Health
P. O. Box 64975
St. Paul, MN 55164-0975
651-215-5800
http://www.health.state.mn.us/

MISSISSIPPI

Mississippi State Department Of Health
P. O. Box 1700
Jackson, MS 39215-1700
601-576-7400
http://www.msdh.state.ms.us/msdhsite/index.cfm

MISSOURI

Missouri Department of Health and Senior Services
P. O. Box 570
Jefferson City, MO 65102
573-751-6400
http://www.dhss.state.mo.us/

MONTANA

Montana Department of Public Health and Human Services
P. O. Box 4210
Helena, MT 59604-4210
406-444-5622
http://www.dphhs.state.mt.us/

NEBRASKA

Nebraska Department of Health and Human Services
P. O. Box 95044
Lincoln, NE 68509-5044
402-471-2306
http://www.hhs.state.ne.us/

NEVADA

Nevada State Health Division
505 East King Street, Room 201
Carson City, NV 89701
775-684-4200
http://health2k.state.nv.us/

NEW HAMPSHIRE

New Hampshire Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301
603-271-4685
800-852-3345 in NH only-x4685
http://www.dhhs.state.nh.us/

FEDERAL/STATE STATE HEALTH DEPARTMENTS

NEW JERSEY

New Jersey Department of Health and Senior Services
P. O. Box 360
Trenton, NJ 08625-0360
609-292-7837
http://www.state.nj.us/health/

NEW MEXICO

New Mexico Department of Health
1190 South St. Francis Drive
P. O. Box 26110
Santa Fe, NM 87502-6110
505-827-2613
http://www.health.state.nm.us/

NEW YORK

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, NY 12237
518-474-2011
http://www.health.state.ny.us/

NORTH CAROLINA

North Carolina Department of Health and Human Services
Division of Public Health
1915 Mail Service Center
Raleigh, NC 27699-1915
919-733-7081
http://www.dhhs.state.nc.us/dph/index.htm

NORTH DAKOTA

North Dakota Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
701-328-4727
http://www.health.state.nd.us/ndhd/default.asp

OHIO

Ohio Department of Health
246 North High Street
Columbus, OH 43216-0118
614-466-3543
http://www.odh.state.oh.us/

OKLAHOMA

Oklahoma State Department of Health
1000 Northeast Tenth Street
Oklahoma City, OK 73117
405-271-5600.
http://www.health.state.ok.us/

OREGON

Oregon Health Division
800 NE Oregon Street
Portland, OR 97232
503-731-4000
http://www.ohd.hr.state.or.us/

PENNSYLVANIA

Pennsylvania Department of Health
P. O. Box 90
Health and Welfare Building
Harrisburg, PA 17108
877-PA HEALTH PA only
717-772-6959
http://webserver.health.state.pa.us/health/site/

PUERTO RICO

Health Department of Puerto Rico
P. O.Box 70184
San Juan, PR 00936
787-274-7642
http://www.salud.gov.pr/

RHODE ISLAND

Rhode Island Department of Health
3 Capitol Hill
Providence, RI 02908
401-222-2231
http://www.health.state.ri.us/

FEDERAL/STATE STATE HEALTH DEPARTMENTS

SOUTH CAROLINA

South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, SC 29201
803-898-3432
http://www.scdhec.net/

SOUTH DAKOTA

South Dakota Department of Health
600 East Capitol
Pierre, SD 57501-2536
605-773-3361
800-738-2301 (in SD only)
http://www.state.sd.us/doh/index.htm

TENNESSEE

Tennessee Department of Health
Cordell Hull Building
425 5th Avenue North
Nashville, TN 37247-0101
615-741-3111
http://www.state.tn.us/health/

TEXAS

Texas Department of Health
1100 West 49th Street
Austin, TX 78756-3199
512-458-7111
888-963-7111
http://www.tdh.state.tx.us/

UTAH

Utah Department of Health
P. O. Box 1010
Salt Lake city, UT 84114-1010
801-538-6101
http://health.utah.gov/

VERMONT

Vermont Department of Health
108 Cherry Street
P. O. Box 70
Burlington, VT 05402-0070
802-863-7200
http://www.healthyvermonters.info/

UNITED STATES VIRGIN ISLANDS

United States Virgin Islands Department of Health
48 Sugar Estate
Charlotte Amalie, U.S. Virgin Islands 00802
340-774-0117
http://www.usvi.org/health/

VIRGINIA

Virginia Department of Health
1500 East Main Street
Richmond, VA 23219
804-786-3561
http://www.vdh.state.va.us/

WASHINGTON

Washington State Department of Health
1112 SE Quince Street
P. O. Box 47890,
Olympia, WA 98504-7890
http://www.doh.wa.gov/

WEST VIRGINIA

West Virginia Department of Health and Human Resources
Bureau for Public Health
350 Capitol Street, Room 702
Charleston, WV 25301-3712
304-558-2971
http://www.wvdhhr.org/bph/

WYOMING

Wyoming Department of Health
117 Hathaway Building
Cheyenne WY 82002
307-777-7656
http://wdhfs.state.wy.us/wdh/index.htm

Initiatives & Programs

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Initiatives & Programs

HHS Programming

While there are many noteworthy initiatives and programs that occur every year, the following sections looks at a few of the recent highlights-more specifically, those that benefit minorities, focus on the 6 health disparities, and/or make a significant contribution to the well-being of all people.

Be Smart About Your Heart: Control the ABCs of Diabetes - 2001

This new public awareness campaign comes in response to new studies that show a dramatic link between diabetes and heart disease. As heart disease is the leading cause of death in people with diabetes, this campaign aims to start treating diabetes comprehensively-focusing not only on blood glucose, but blood pressure, cholesterol, and overall heart health. This is an effort by the U.S. Department of Health and Human Services (HHS), the National Diabetes Education Program (NDEP), and the American Diabetes Association (ADA). NDEP is co-sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the Centers for Disease Control and Prevention.

For more information, go to http://ndep.nih.gov/

Call to Action on Overweight and Obesity - 2001

"The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity," outlines strategies that communities can use in helping to address the problem of increased obesity levels in the U.S (In 1999, an estimated 61 percent of U.S. adults were overweight, along with 13 percent of children and adolescents). Those options include requiring physical education at all school grades, providing more healthy food options on school campuses, and providing safe and accessible recreational facilities for residents of all ages.

For more information, visit http://www.surgeongeneral.gov/topics/obesity/

Closing the Health Gap - 2001

This national campaign is designed to bring the best health information to African American communities and help African American consumers take charge of their health. The campaign addresses the major health threats confronting African Americans, including diabetes, cancer, heart disease and stroke, HIV/AIDS, infant mortality, substance abuse, suicide and violence, organ donation, improved rates of child and adult immunizations, and health issues among women and older adults. HHS and ABC Radio Networks sponsor closing the Health Gap.

For more information, go to http://www.healthgap.omhrc.gov/

Diabetes Education Program for Older Americans - 2001

This program is designed to help older adults understand that routine self-monitoring of blood sugar levels can help delay or prevent the complications of diabetes. The National Diabetes Education Program is working with Centers for Medicare & Medicaid Services to reach Americans 65 years and older as well as younger people with disabilities who have diabetes with information on the treatment and benefits available for people with Medicare. An estimated 4.5 million Medicare beneficiaries have diabetes. HHS' Administration on Aging is assisting with dissemination of campaign information through its preventive health programs across the states and local communities.

For more information, go to http://ndep.niddk.nih.gov

Gift of Life Donation Initiative - 2001

This nationwide campaign encourages organ and tissue donation, as well as registration for marrow donation, and donation of blood. Initial phases of the campaign included the Workplace Partnership for Life, a public/private network of employers, unions and other employee organizations promoting the goals of the campaign. Additionally, HHS Secretary Tommy Thompson released a model donor card for organ donation, called for a major review of existing organ donor registries, and offered support to create a national Gift of Life medal recognizing all families who consent to donation. HHS is also developing a model organ donation curriculum for drivers' education classes to be offered to state and local education systems.

For more information, go to http://www.organdonor.gov

Global Health - 2001

A new Web site, globalhealth.gov, is a Web portal providing information on the HHS' work on global health issues, as well as worldwide health statistics, reports and publications, and links to the department's global health partners. The site was developed to be a portal of global health information for policymakers, researchers, doctors and the general public, and highlights vital information on HIV/AIDS, malaria, tuberculosis and tobacco use. The site is administered by the department's Office of International and Refugee Health.

For more information, go to http://www.globalhealth.gov

INITIATIVES/ PROGRAMS NOTABLES

Healthfinder Español-2001

HHS launched healthfinder español, a Spanish-language Web site that helps consumers track down reliable health information quickly and easily on the Internet. Modeled after the www.healthfinder.gov Web site, this version offers health information on over 300 topics from 70 government agencies and nonprofit organizations, including those health issues of greatest concern to those of Hispanic heritage. The site offers both a Spanish text search and a list of topics in Spanish that can be browsed.
For more information, go to http://www.healthfinder.gov/espanol

HealthierUS Initiative - 2002

Based on the premise that increasing personal fitness and becoming healthier is critical to achieving a better and longer life, this initiative is using families, communities, and business to work together to encourage physical activity. The White House's Executive Order acitivities to promote personal fitness includes revitalizing the President's Council on Physical Fitness and Sport and following the four principles of being physically active every day, eating a nutritious diet, getting preventive screenings, and making health choices.
For more information on the HealthUS Initiative, go to http://www.healthierus.gov
For more information on the Executive Order, go to http://www.whitehouse.gov/infocus/fitness/execsummary.html
"Physical Activity Fundamental to Preventing Disease" *is available online at http://aspe.hhs.gov/health/reports/physicalactivity/*

HHS Center for Faith-Based and Community Initiatives - 2002

The mission of the Center for Faith-Based and Community Initiatives is to create an environment within the Department of Health and Human Services (HHS) that welcomes the participation of faith-based and community-based organizations as valued and essential partners with the Department in assisting Americans in need. CFBCI's mission is part of HHS' focus on improving human services for the country's neediest. CFBCI is the leader of the Department's efforts to better utilize faith-based and community-based organizations in providing effective human services.
For more information, go to http://www.hhs.gov/faith/

National Center on Minority Health and Health Disparities (NCMHD) - 2000

"...conduct and support research, training, dissemination of information, and other programs with respect to minority health conditions and other populations with health disparities." This was the mandate from Congress when the NCMHD was established via the Minority Health and Health Disparities Research and Education Act of 2000, Public Law 106-525.
The mission of the National Center on Minority Health and Health Disparities (NCMHD) is to promote minority health and to lead, coordinate, support, and assess the NIH effort to reduce and ultimately eliminate health disparities. In this effort, NCMHD will conduct and support basic, clinical, social, and behavioral research, promote research infrastructure and training, foster emerging programs, disseminate information, and reach out to minority and other health disparity communities.
For more information, go to http://ncmhd.nih.gov/

New Freedom Initiative - 2001

This initiative is a government-wide framework for helping provide people with disabilities with the tools they need to fully access and participate in their communities. The initiative's proposals that involve the Department of Health and Human Services (HHS) include: promoting full access to community life; integrating Americans with disabilities into the workforce; and the creation of the National Commission on Mental Health. For more information, go to http://www.hhs.gov/newfreedom/
For a more comprehensive look at HHS' role in the initiative, go to http://www.hhs.gov/newfreedom/hhsrole.html

Urban Partnerships for Welfare Reform Initiative -2002

Working closely with 10 cities nationwide, HHS' initiative aims at developing strategies to support and sustain healthy families to become economically independent. This effort will target HHS' technical assistance to promote positive changes in the lives of welfare recipients in the chosen cities. In addition to providing targeted support to selected cities, the initiative also will highlight strategies that can be used more broadly to advance the goals of welfare reform in urban areas.

CANCER

American Social Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709
919-361-8400
919-361-8425 Fax
http://www.ashastd.org

- *Pap Smears Today; Healthy Women Today*
  http://www.ashastd.org/programs/ccpp.html
  ASHA, in cooperation with the Centers for Disease Control (CDC) and Prevention developed a national model to increase Pap-testing and follow-up among low-income African American and Hispanic women. Available for download online, project objectives included assessing patient's and provider's knowledge, attitudes and behaviors regarding the prevention, detection and control of cervical cancer; and, identifying cultural and communication barriers to timely and adequate gynecological health care.

CHRONIC DISEASE PREVENTION

Centers for Disease Control and Prevention (CDC)
National Center for Chronic Disease Prevention and Health Promotion
Mail Stop K-40
4770 Buford Highway NE
Atlanta, GA 30341-3717
770-488-5706
http://www.cdc.gov/nccdphp

- *Exemplary State Programs to Prevent Chronic Disease and Promote Health*
  http://www.cdc.gov/nccdphp/exemplary/index.htm
  The CDC developed this document to provide states with models of state-based programs that are making a sustained contribution to reducing the burden of chronic diseases by targeting one or more of the following key objectives:

  - Reducing risk factors for chronic diseases;
  - expanding the use of screening for early detection of chronic diseases;
  - providing high-quality health education programs; and
  - creating healthier communities.

State programs are available for the following:

- Arthritis
  http://www.cdc.gov/nccdphp/exemplary/arthritis.htm
- Cancer
  http://www.cdc.gov/nccdphp/exemplary/cancer.htm
- Diabetes
  http://www.cdc.gov/nccdphp/exemplary/diabetes.htm
- Healthy Mothers/Healthy Babies
  http://www.cdc.gov/nccdphp/exemplary/healthy_mothers.htm
- Healthy Youth
  http://www.cdc.gov/nccdphp/exemplary/healthy_youth.htm
- Heart Disease and Stroke
  http://www.cdc.gov/nccdphp/exemplary/heart_disease.htm
- Oral Health
  http://www.cdc.gov/nccdphp/exemplary/oral_health.htm
- Physical Activity
  http://www.cdc.gov/nccdphp/exemplary/physical_activity.htm
- Preventing Chronic Disease
  http://www.cdc.gov/nccdphp/exemplary/preventing_chronic_disease.htm
- Tobacco programs
  http://www.cdc.gov/nccdphp/exemplary/tobacco.htm

INITIATIVES/ PROGRAMS

MODEL PROGRAMS

EMPLOYMENT

U.S. Equal Employment Opportunity Commission (EEOC)
Equal Employment Opportunity Commission
1801 L Street, N.W.
Washington, D.C. 20507
800-669-4000
202-663-4900
http://www.eeoc.gov

- *Best Practices of Private Sector Employers*
  http://www.eeoc.gov/task/practice.html
  Report from EEOC that highlights noteworthy business practices by which employers are complying with their EEO obligations and diversity objectives especially practices thought of as creative or innovative.

HIV

National Alliance of State and Territorial AIDS Directors (NASTAD)
444 North Capitol Street, NW
Suite 339
Washington, D.C. 20001
http://www.nastad.org

- *Bright Ideas 2002: Innovative or Promising Practices in HIV Prevention and HIV Prevention Community Planning Bright Ideas*
  http://www.nastad.org/pdf/BrightIdeas2002.pdf
  Developed by NASTAD in cooperation with the Centers for Disease Control and Prevention (CDC) and the Academy for Educational Development (AED), provides ideas, best practices, and resources to improve the community planning process.

- *Programs that Work (PTW)*
  http://www.cdc.gov/nccdphp/dash/rtc/index.htm
  The purpose of Programs that Work (PTW) is to identify curricula with credible evidence of effectiveness in reducing health risk behaviors among young people-risky sexual behaviors that contribute to HIV and other STD infections and unintended pregnancy and tobacco-use behavior.

Replicating Effective Programs Plus
Division of HIV/AIDS Prevention
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
http://www/cdc/gov/hiv

- *Replicating Effective Programs (REP)*
  http://www.cdc.gov/hiv/projects/rep/default.htm
  REP is a CDC-initiated project that identifies HIV/AIDS prevention interventions with demonstrated evidence of effectiveness. REP supports the original researchers in developing a user-friendly package of materials designed for prevention providers.

IMMUNIZATION

Immunization Action Coalition (IAC)
1573 Selby Avenue, Ste. 234
St. Paul, MN 55104
651-647-9009
651-647-9131 Fax
http://www.immunize.org

- *Hepatitis Prevention Programs*
  http://www.hepprograms.org
  A project of IAC, this Website showcases programs across the United States that work to prevent hepatitis A, B, or C in people who are at risk for infection. Helpful for health and social service professionals who develop or manage programs for populations at risk for hepatitis.

PRIMARY HEALTH CARE

Bureau of Primary Health Care
4350 East West Highway
Bethesda, MD 20814
800-859-2386
http://bphc.hrsa.gov

- *The Models That Work Campaign (MTW)*
  http://bphc.hrsa.gov/mtw/
  MTW identifies and promotes the replication of innovative community-based models for the delivery of primary health care to underserved and vulnerable populations. This public-private partnership, led by the Health Resources and Services Administration (HRSA), offers support to organizations and communities that are interested in increasing access to care and eliminating disparities in health status for the millions of America's neediest citizens.

REFUGEE HEALTH

Office of Refugee Resettlement,
Administration for Children and Families
370 L'Enfant Promenade, SW
6th Floor /East
Washington, D.C. 20447
202-401-9250
202-401-5487 Fax
http://www.acf.dhhs.gov/programs/orr/index.htm

- *Office of Refugee Resettlement (ORR) Best Practices*
  http://www.acf.dhhs.gov/programs/orr/techasst/bestpractices.htm
  Culled from the 1998 Office of Refugee Resettlement (ORR) Conference, this online document looks at best practices in refugee issues: orientation to the United States; employment; health care access; and more.

SAFETY

National Institute for Occupational Safety and Health (NIOSH)
4676 Columbia Parkway, Mail Stop C-13
Cincinnati, OH 45226-1998
800-356-4674
513-533-8573 Fax
http://www.cdc.gov/niosh/

- *Best Practices in Workplace Surveillance: Identification and Tracking of Workplace Injury, Illness, Exposures, and Hazards*
  http://www.cdc.gov/niosh/sbw/
  The purpose of this workshop was to offer successful workplace surveillance programs conducted in the private and public sectors, to learn from them, and to share surveillance tools and effective prevention activities. Session information is available online.

While there are many interesting and innovative programs and models by non-Federal organizations, this section focuses on those that are Federally-funded.
If you do not see a 'model program' or 'best practice' for a specific topic of interest, please contact the office of Minority Health Resource Center for additional assistance.

800-444-6472

INITIATIVES/ PROGRAMS
MODEL PROGRAMS

SUBSTANCE ABUSE

Substance Abuse Mental Health Services Administration
Center for Substance Abuse Prevention (CSAP)
Model Programs
5600 Fishers Lane
Rockville, MD 20857
877-773-8546
http://www.samhsa.gov

- *The CSAP Model Programs*
  http://www.samhsa.gov/centers/csap/modelprograms/programs.htm
  Programs featured on this site have been tested in communities and schools across America, and are proven to prevent or decrease substance abuse and other high-risk behaviors. CSAP offers general program information as well as more specific information concerning training, technical assistance, program material, costs, and other issues regarding program implementation/replication.

STATE PROGRAMS

The National Association of Counties (NACo)
440 First Street, NW
Suite #800
Washington, D.C. 20001
202-393-6226
202-393-2630 Fax
http://www.naco.org/

- *County Model Programs*
  http://www.naco.org/counties/models/index.cfm
  The NACo database highlights a cross-section of the programs being developed, implemented and enhanced from urban, suburban, and rural counties across the county-programs address problems local governments face.

National Governor's Association (NGA)
Hall of States
444 North Capitol Street
Washington, D.C. 20001-1512
202-624-5300
http://www.nga.org/

- *NGA Center for Best Practices*
  http://www.nga.org/center/1,1188,00.html
  The NGA Center for Best Practices tracks, evaluates, and disseminates information on state innovations and best practices. The Center also surveys the states on key issues and provides assessments of current activities for individual states; catalogues innovative programs and shares this information via reports, briefs, and a variety of online and printed materials; and hosts seminars, conference calls, and regional roundtables on key issues and disseminates information through the Center Website and online publications.

The United States Conference of Mayors (USCM)
1620 Eye Street, NW
Washington, D.C. 20006
202-293-7330
202-293-2352 Fax
http://www.usmayors.org/

- *USCM Best Practices Database*
  http://www.usmayors.org/uscm/best_practices/
  This database allows you to search 'best practices' that are being used throughout the country. Topics covered range from HIV/AIDS prevention, diabetes, cancer, and more.

TOBACCO/SMOKING PREVENTION

CDC's Office on Smoking and Health
Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-3717
http://www.cdc.gov/tobacco/

- *CDC's Best Practices for Comprehensive Tobacco Control Programs*
  http://www.cdc.gov/tobacco/bestprac.htm
  This evidence-based guide is targeted to help States plan and establish effective tobacco control programs to prevent and reduce tobacco use. The book

identifies and describes the key elements for effective state tobacco control programs, including programs designed for communities, schools, and the entire State.

Best Practices also addresses the significance of cessation programs, counter-marketing, enforcement, surveillance and evaluation, and chronic disease programs to reduce the burden of tobacco-related diseases. Tobacco control program funding models for all 50 States and the District of Columbia are included.

VIOLENCE PREVENTION

Blueprints for Violence Prevention
Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
900 28th Street, Suite 107
439 UCB
Boulder, CO 80309-0439
303-492-1032
303-443-3297 Fax
http://www.colorado.edu/cspv/blueprints/Default.htm
The Center for the Study and Prevention of Violence (CSPV), at the University of Colorado at Boulder, with funding from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and the Pennsylvania Commission on Crime and Delinquency, designed and launched a national violence prevention initiative to identify and replicate violence prevention programs that are effective. The 11 model programs, called Blueprints, have been effective in reducing adolescent violent crime, aggression, delinquency, and substance abuse.

SafeUSA
P. O. Box 8198
Silver Spring, MD 20907-8198
888-252-7751
http://www.cdc.gov/safeusa/

- *Best Practices of Youth Violence Prevention*
  http://www.cdc.gov/safeusa/publications/bestpractices.htm
  Resource book details strategies to prevent youth violence-parent and family-based strategies, home visiting, social and conflict resolution skills, and mentoring.

INITIATIVES/ PROGRAMS LEGISLATION

There are several places to find out what agency has proposed, authorized, budgeted for legislation for initiatives and/or programs. The following two are good places to start:

Department of Health and Human Services (HHS)

http://www.hhs.gov

The HHS Web site is a good starting place to find out about the different HHS agencies. Site offers press releases, daily news, announcements, health informa tion, and links to other Web sites, etc.

Several links available that deal with legislative and budget information:

HHS Office of Budget Internet Site

http://www.hhs.gov/budget/doctest.htm

The Office of Budget provides analysis and advice to the Secretary and other HHS senior officials on all program and management issues associated with the Department's budget. You can use our site to access valuable information about the HHS budget, testimony of HHS officials in front of House and Senate Appropriation Committees, HHS Operating Divisions' performance plans, as well as background information on the components within the Office of Budget.

HHS Office of the Assistant Secretary for Legislation (ASL)

http://www.hhs.gov/asl/testimony.html

ASL provides advice to both the HHS Secretary and Department on congressional legislation and facilitates communication between the HHS and Congress. The Office informs the Congress of Departmental priorities, actions, grants and contracts.

HHS Press Releases

http://www.hhs.gov/news/press/2002.html

This is a good place to find out what awards have been made, what health days have been enacted, what initiatives have been passed, what HHS Secretary Tommy Thompson is doing to provide 'good health for all.'

THOMAS - The Library of Congress

http://thomas.loc.gov/

THOMAS is a comprehensive Federal legislative information site. You will find the full text of all legislation introduced in Congress and the Congressional Record since 1989, summaries of bills since 1973, recent congressional committee reports and legislative schedules, as well as a multitude of links to other sites of interest in legislative research.

How Will THOMAS Help Me?

- If I am checking to see if pending legislation has passed on an item that is of interest to me;
- If I want to see how my state representative votes on certain issues;
- If I want to know what measures are expected to be considered on the House/Senate floor this week; and
- If I want to see what budget has been approved for a specific agency.

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Funding

Federal Funding

The Federal government offers many funding resources, from online tutorials to grant databases to publications. The following section looks at just some of the many resources available through the government.

The Catalog of Federal Domestic Assistance (CFDA)

The Catalog of Federal Domestic Assistance is a government-wide compendium of Federal programs, projects, services, and activities that provide assistance or benefits to the American public. It contains financial and non-financial assistance programs administered by departments and establishments of the Federal government.

Compiled and maintained by the General Services Administration (GSA), the CFDA profiles all Federal grant programs, including HHS programs and lists a specific contact for obtaining additional information and application forms. It also includes a helpful section on writing grant applications.

FYI-The CFDA won't tell you if an agency has competitive grant money right now for the program in which you're interested, but it will tell you where to go in order to find out.

How to Access the CFDA

Accessing the CFDA is easy. It is published annually and updated mid-year and is available in various formats-print, diskette, CD-ROM, and online. There are various ways to obtain your copy of the Catalog, the easiest being as follows:

Print

The Catalog is published annually, usually in June and December. The June edition reflects completed congressional action on program legislation and the December edition includes information that was not available at the time of the June edition.

Diskettes

Issued semiannually, the diskettes come with all Catalog text on Federal assistance programs and highlights of new programs introduced since the last edition of the Catalog, plus files for added, deleted, and changed programs.

Online

The online database can be used to find assistance programs meeting your requirements and for which you are eligible. Listed for each grant program is the specific office within a Federal grant-making agency that oversees that program. This person or office can answer any further questions about the program, as well as provide application forms.

CD-Rom

Issued semiannually, the CFDA CD-ROM offers full program text of the Catalog, plus browser software for keyword and category searching and free technical support from the Catalog of Federal Domestic Assistance Staff. Each CD-ROM includes all indices and appendices in the Catalog, plus grant writing and user tutorials.

CONTACT INFORMATION

Catalog of Federal Domestic Assistance
http://www.cfda.gov

Catalog of Federal Domestic Assistance: Find Assistance Programs
http://www.cfda.gov/public/faprs.htm

CD-ROM
800-669-8331

Diskettes
800-669-8331

CD-ROM and Diskettes Online Ordering
http://www.cfda.gov/public/cat-order-disk.htm

Print Subscription to CFDA
800-669-8331

Print Subscription to CFDA Online Ordering
http://www.cfda.gov/public/COF99.htm

FUNDING
FEDERAL SOURCES

The Federal Register

The Federal Register is the official publication for executive orders, proposed regulations, legal notices from Federal agencies and organizations, and notices of funding availability (NOFAs). Agencies also use the Federal Register to solicit views from the general public on various policy and program issues.

The Office of the Federal Register (OFR), National Archives and Records Administration (NARA) is responsible for publishing this information, with each issue of the Federal Register is organized into four categories:

- Presidential Documents, including Executive orders and proclamations;
- Rules and Regulations, including policy statements and interpretations of rules;
- Proposed Rules, including petitions for rulemaking and other advance proposals; and
- Notices, including scheduled hearings and meetings open to the public, grant applications, and administrative orders.

Code of Federal Regulations (CFR)

Documents published in the Federal Register as proposed or final rules include citations to the Code of Federal Regulations (CFR).

The CFR contains all the rules issued by Executive Branch departments and agencies, organized into 50 titles which represent the broad areas subject to regulation by the U.S. Government. Titles that may be useful to readers of this toolkit include Title 42-The Public Health and Welfare, Title 21-Food and Drugs, or Title 20-Education.

The CFR reference numbers allow a quick and easy way to find a particular rule or part of a rule among the complete set of U.S. general and permanent regulations.

FYI: The CFR and the Federal Register are used together to find the latest version of any given rule.
When a Federal agency publishes a regulation in the Federal Register, that regulation usually is an amendment to the existing CFR in the form of a change, an addition, or a removal.

Why should I read the Federal Register?

- If you are looking for Federal funding for a project;
- If you need to know about the day-to-day operations of the Federal Government;
- If your business is regulated by a Federal agency;
- If you are an attorney practicing before a regulatory agency;
- If your organization attends public hearings or meetings or applies for grants; and
- If you are concerned with Government actions that affect the environment, health care, financial services, exports, education, or other major public policy issues.

Agency-specific Federal Register Information

Environmental Protection Agency (EPA)
Offers full-text online information and LISTSERV of selected Federal Register documents that deal with environmentally related issues.
http://www.epa.gov/fedrgstr/

Food and Drug Administration (FDA)
Directory contains FDA-related documents published in the Federal Register.
http://www.fda.gov/cdrh/fedregin.html

Occupational Safety and Health Administration (OSHA)
Offers worker safety and health-related Federal Register documents.
http://www.osha-slc.gov/OCIS/toc_fed_reg.html

U.S. Department of Agriculture (USDA)
Offers Community Toolbox, an online tool that allows you to generate a customized listing of notices of funding availability (NOFAs).
http://ocd.usda.gov/nofa.htm

Rulemaking

The Federal Register informs citizens of their rights and obligations and provides access to a wide range of Federal benefits and opportunities for funding.

Every agency in the Federal government is required to publish notices of proposed rules in the Federal Register to allow people to participate in government decision making.

The procedure by which this is done is simple: the public is notified of the proposed rule via the announcement in the Federal Register. Any organization or person is able to respond to the proposed rule either through a hearing or through written comment. With the advent of the Internet, many agencies encourage comments through e-mail.

Depending on the announcement and agency, the comment period may be 30, 60, or 90 days. Each notice gives details on how and where the comment should be directed, as well as the name and telephone number of a contact person for more information.

When the final regulations are published, they must address any and all pertinent issues raised in comments and any changes made in response to them.

How to Access the Federal Register

The Federal Register is available through various Federal organizations, most notably the U.S. Government Printing Office (GPO) and NARA Websites. Information can be accessed via e-mail, the Internet, and print subscription.

Print

The daily Federal Register has a table of contents organized alphabetically by agency, which lists each document and span of pages.

Two monthly publications provide information on documents that appeared in past issues of the Federal Register: the LSA (List of CFR Sections Affected) is a numerical listing that helps readers track changes to the CFR; and the Federal Register Index is a cumulative subject index of documents published in the Federal Register.

Online

The online edition has the same information as the paper edition-the table of contents online has links that lead the user to each document in the current paper issue. Subject matter, date, and category can also be searched.

There is an online tutorial that takes the user step-by-step through utilizing the Federal Register-it covers how to search, what terms to use, where to find public notices, etc.

E-mail

GPO provides a LISTSERV via e-mail that provides the Table of Contents (TOC) for each daily issue of the Federal Register.

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Contact Information

The Code of Federal Regulations
http://www.access.gpo.gov/nara/cfr/index.html

The Federal Register
http://www.archives.gov/federal_register/index.html

Federal Register access via GPO
http://www.gpo.gov/su_docs/aces/aces140.html

Federal Register LISTSERV
http://listserv.access.gpo.gov/

Federal Register Tutorial
http://www.nara.gov/fedreg/frtu/frturead.html

Hard Copy Subscription
202-512-1800

Helpful Hints for Searching
http://www.access.gpo.gov/su_docs/help/hints/fr.html

Public Participation in Rulemaking: FR e-Docket: Documents Open for Comment
http://www.archives.gov/federal_register/public_participation/fr_e_docket.html

Public Participation in Rulemaking: Federal e-Rulemaking Web Sites
http://www.archives.gov/federal_register/public_participation/public_participation.html

U.S. Government Printing Office
http://www.gpo.gov/

GrantsNet

GrantsNet is an Internet application tool created by the Department of Health and Human Services (DHHS) Office of Grants Management (OGM) for finding and exchanging information about HHS and other Federal grant programs.

GrantsNet serves the general public, the grantee community, and grant-makers (i.e. state and local governments, educational institutions, non-profit organizations, and commercial businesses).

GrantsNet provides a variety of Department-wide grants policies governing the award and administration of grant activities, publishing these in grants policy directives, regulations, and/or manuals.

Contact Information

GrantsNet
http://www.hhs.gov/grantsnet/

Other HHS Funding Opportunities
http://www.hhs.gov/grantsnet/otherops.htm

What Kind of Information Can I Find Here?
Use the Roadmap on GrantsNet to find everything from lists of current HHS funding opportunities to key grants management officials in other Federal agencies.

Health Resources and Services Administration (HRSA)Preview Guide

HRSA's Preview Guide profiles its discretionary grant programs-broken down by individual bureaus-for each fiscal year. The publication also lists and explains common grant terminology and provides answers to frequently asked questions.

The purpose of the Preview Guide is to provide the general public with a single source of program and application information related to HRSA's competitive grant offerings.

This guide is designed to replace the multiple Federal Register notices, which traditionally advertised the availability of HRSA's discretionary funds for its various programs- periodically, program initiatives may still be announced in the Federal Register.

The following information is included in the HRSA Preview: (1) program title; (2) legislative authority; (3) purpose; (4) eligibility; (5) funding priorities and/or preferences; (6) estimated dollar amount of competition; (7) estimated number of awards; (8) estimated project period; (9) Catalog of Federal Domestic Assistance (CFDA) identification number; (10) application availability date; (11) letter of intent deadline (if any); (12) application deadline; (13) projected award date; and (14) programmatic contact, with telephone and e-mail addresses.

Access

The Preview Guide is available in various formats:

Print
The print version contains a description of grant programs, and includes instructions on how to contact HRSA for information and receive application kits for all programs.

E-mail
You can be placed on a mailing list to get the Preview Guide as well as be notified of any additional information.

Online
The online version is available in WordPerfect, PDF, and HTML formats, and contains the same information as the print version.

Contact Information

HRSA Grants Application Center
877-HRSA 123 (877-477-2123)

HRSA Preview Guide
http://www.hrsa.gov/grants.htm

HRSA Preview Guide Mailing List Sign-up
E-mail: hrsagac@hrsa.gov

HRSA Preview Guide Online Ordering Form
http://www.hrsa.gov/g_order3.htm

National Institutes of Health (NIH)
NIH Guide for Grants and Contracts

The NIH Guide for Grants and Contracts, in place of the Federal Register due to the specialized nature of NIH's applicants, serves as the official publication of NIH policies, procedures, and availability of funds. Available funding is announced weekly in the NIH Guide for Grants and Contracts, and on occasion, unofficial notices of interest to the scientific research community are published. The Centers for Disease Control and Prevention (CDC) also announce research-based funding opportunities in the NIH Guide.

NIH considers applications for the support of basic or clinical biomedical, behavioral, and bioengineering research. New extramural grant programs and priorities are implemented by publication of one of the following:

- Program Announcement (PA): announces increased priority and/or emphasizes particular funding mechanisms for a specific area of science; applications accepted on standard receipt dates on an on-going basis.
- Request for Applications (RFA): identifies a more narrowly defined area for which one or more NIH institutes have set aside funds for awarding grants; one receipt date, specified in RFA; and
- Request for Proposals (RFP): solicits proposals for a contract; one receipt date, specified in RFP.

Access

NIH Guide for Grants and Contracts information can be accessed via e-mail and the Internet.

E-mail

NIH provides a LISTSERV via e-mail that provides the Table of Contents (TOC) for each week's issue of the Guide. Associated with each TOC entry is the Internet address for further information.

Online

Online version of the Guide allows user to search grant availability via program announcement; requests for application; year or week; and/or subject area.

Contact Information

NIH Guide for Grants and Contracts
http://grants.nih.gov/grants/guide/index.html

NIH Guide for Grants and Contracts: Online Searching
http://grants1.nih.gov/grants/guide/index.html#search

NIH Guide for Grants and Contracts: Using the TOC Notification LISTSERV Service
http://grants1.nih.gov/grants/guide/listserv.htm

NIH Forms (including applications and instructions)
http://grants.nih.gov/grants/forms.htm

NIH Grants Information Office
301-435-0714

FYI

When applying for a Federally funded grant, inquire if the Request for Applications (RFA), is related to one of the priority areas as defined in Healthy People 2010 - the report may serve as a helpful guideline for your application.

"Healthy People 2010: Understanding and Improving Health" explains the history of the Healthy People initiative, the model on which Healthy People 2010 is based, how to use Healthy People 2010 as a systematic approach to health improvement, and the Leading Health Indicators.

This report is available from the Healthy People Web site at http://www.health.gov/healthypeople/.

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Types Of Federal Assistance

To assist you in finding funding that best suits your needs, the following list defines the types of assistance that are available through the programs listed in the CDFA.

Currently, programs in the CFDA are being classified by GSA into 15 types of assistance—benefits and services of the programs are provided through seven financial types of assistance and eight non-financial types of assistance.

(A) Formula Grants	Allocations of money to States or their subdivisions in accordance with distribution formulas prescribed by law or administrative regulation, for activities of a continuing nature not confined to a specific project.
(B) Project Grants	The funding, for fixed or known periods, of specific projects. Project grants can include fellowships, scholarships, research grants, training grants, traineeships, experimental and demonstration grants, evaluation grants, planning grants, technical assistance grants, survey grants, and construction grants.
(C) Direct Payments for Specified Use	Financial assistance from the Federal government provided directly to individuals, private firms, and other private institutions to encourage or subsidize a particular activity by conditioning the receipt of the assistance on a particular performance by the recipient. This does not include solicited contracts for the procurement of goods and services for the Federal government.
(D) Direct Payments with Unrestricted Use	Financial assistance from the Federal government provided directly to beneficiaries who satisfy Federal eligibility requirements with no restrictions being imposed on the recipient as to how the money is spent. Included are payments under retirement, pension, and compensatory programs.
(E) Direct Loans	Financial assistance provided through the lending of Federal monies for a specific period of time, with a reasonable expectation of repayment. Such loans may or may not require the payment of interest.
(F) Guaranteed/Insured Loans	Programs in which the Federal government makes an arrangement to identify a lender against part or all of any defaults by those responsible for repayment of loans.
(G) Insurance	Financial assistance provided to assure reimbursement for losses sustained under specified conditions. Coverage may be provided directly by the Federal government or through private carriers and may or may not involve the payment of premiums.

(H) Sale, Exchange, or Donation of Property and Goods	Programs which provide for the sale, exchange, or donation of Federal real property, personal property, commodities, and other goods including land, buildings, equipment, food and drugs. This does not include the loan of, use of, or access to Federal facilities or property.
(I) Use of Property, Facilities, and Equipment	Programs which provide for the loan of, use of, or access to Federal facilities or property wherein the federally owned facilities or property do not remain in the possession of the recipient of the assistance.
(J) Provision of Specialized Services	Programs that provide Federal personnel directly to perform certain tasks for the benefit of communities or individuals. These services may be performed in conjunction with nonfederal personnel, but they involve more than consultation, advice, or counseling.
(K) Advisory Services and Counseling	Programs that provide Federal specialists to consult, advise, or counsel communities or individuals to include conferences, workshops, or personal contacts. This may involve the use of published information, but only in a secondary capacity.
(L) Dissemination of Technical Information	Programs which provide for the publication and distribution of information or data of a specialized or technical nature frequently through clearinghouses or libraries. This does not include conventional public information services designed for general public consumption.
(M) Training	Programs that provide instructional activities conducted directly by a Federal agency for individuals not employed by the Federal government.
(N) Investigation of Complaints	Federal administrative agency activities that are initiated in response to requests, either formal or informal, to examine or investigate claims of violations of Federal statutes, policies, or procedure. The origination of such claims must come from outside the Federal government.
(O) Federal Employment	Programs that reflect the Government wide responsibilities of the Office of Personnel Management in the recruitment and hiring of Federal civilian agency personnel.

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HHS Grants Offices

While many HHS offices announcement grants through their Websites or through the Federal Register, you can still call to get more information on what grants are being advertised or more about the agency's grant policies.

If you are not sure of which program or office to contact, contact the grants office that handles all programming to get more information.

Administration on Aging (AoA)

AoA Program Announcements
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-0441 Discretionary Funds
202-619-2957 Indian Specific
202-401-0838 Grants Management Office
202-260-1012 Fax
http://www.aoa.gov/t4

Administration for Children and Families (ACF)

ACF Office of Administration
Office of Financial Services
370 L'Enfant Promenade, SW
Washington, D.C. 20447
202-401-9225 Discretionary Grant Programs
202-401-6603 Mandatory Grant Programs
202-260-1012 Fax
http://www.acf.dhhs.gov/grants.html

Agency for Healthcare Research and Quality (AHRQ)

Agency for Healthcare Research and Quality
P. O.Box 8547
Silver Spring, MD 20907-8547
301-594-1447
888-586-6340 TDD
http://www.ahrq.gov/fund/

Agency for Toxic Substances and Disease Registry (ATSDR)

Grant information for the Agency for Toxic Substances and Disease Registry (ATSDR) in located within the Centers for Disease Control and Prevention Procurement and Grants Office—see contact information below.

Centers for Disease Control and Prevention (CDC)

CDC Procurement and Grants Office
1600 Clifton Road
Atlanta, GA 30333
404-639-3311
404-639-7039
http://www.cdc.gov/funding.htm

Centers for Medicare and Medicaid Services (CMS)

CMS Contracting and Grant Opportunities
7500 Security Boulevard
Baltimore MD 21244-1850
410-786-3000 Medicare and Medicaid Information
410-786-5130 Discretionary Grants
http://cms.hhs.gov/contractors/potentialcontractors/default.asp

Food and Drug Administration (FDA)

FDA Office of Contracts and Grants Management Division
5600 Fishers Lane, Room 2032
Rockville, MD 20857
301-443-1240
301-443-3757 Fax
http://www.fda.gov/oc/ofacs/grants/

Health Resources and Services Administration (HRSA)

HRSA Grants Application Center
Attention: Grants Management Officer
901 Russell Avenue, Suite 450
Gaithersburg, MD 20879
877-477-2123 HRSA Grants Application Center
301-443-1433 Grants Management Office
http://www.hrsa.gov/grants.htm

Note: The following HRSA offices have Web sites with direct links to their funding opportunities but the contact information for each is the same as above.

HRSA Bureau of Health Professions (BHPr)
http://www.bhpr.hrsa.gov/grants2002/

HRSA Bureau of Primary Health Care (BPHC)
http://www.bphc.hrsa.gov/grants/

HRSA HIV/AIDS Bureau (HAB)
http://hab.hrsa.gov/grant.htm

Maternal & Child Health Bureau (MCHB)
http://www.mchb.hrsa.gov/html/grantsguidance.html

Office of Rural Health Policy (ORHP)
http://ruralhealth.hrsa.gov/funding/

Office for the Advancement of Telehealth (OAT)
http://telehealth.hrsa.gov/grants.htm

Indian Health Service (IHS)

IHS Office of Administration and Management
Grants and Contracts Division
Twinbrook Metro Plaza
12300 Twinbrook Parkway, Suite 630
Rockville, MD 20852
301-443-5774
301-443-2510 Fax
http://www.ihs.gov

National Institutes of Health (NIH)

NIH Contracts and Grants Division
6100 Executive Boulevard, Room 6D01
Bethesda, MD 20892
301-496-4422
301-402-2425 Fax
http://grants.nih.gov/grants/index.cfm

Office of the Secretary

Office of Minority Health
Contact the Office of Minority Health Resource Center to check the availability of funding.
Office of Minority HealthResource Center (OMHRC)
P. O. Box 37337
Washington, D.C. 20013-7337
800-444-6472
301-230-7874
301-230-7198 Fax
http://www.omhrc.gov

Office of Population Affairs
4350 East West Highway
Suite 200 West
Bethesda, MD 20814
301-594-4000
301-594-4012 Grants Management Office
301-594-5980 Fax
http://opa.osophs.dhhs.gov/grants.html

Substance Abuse & Mental Health Services Administration (SAMHSA)

SAMHSA Office of Extramural Programs
Grants Management Branch
Parklawn Building, Room 12C-26
5600 Fishers Lane
Rockville, MD 20857
301-443-3875
301-443-1589 Fax
http://www.samhsa.gov/grants/grants.html

Other Funding Sources

For academic funding sources, consider the following resources:

Federal Student Aid Information Center

Most federal student aid is awarded based on financial need rather than scholastic achievement. For instance, most grants are targeted to low-income students. However, you do not have to show financial need to receive certain federal student loans.

For more information, go to http://www.ed.gov/prog_info/SFA/StudentGuide/ or call 800-4-FED-AID (800-433-3243).

National Health Service Corps (NHSC)

The National Health Service Corps unites communities in need with caring health professionals and support their efforts to build better systems of care Students dedicated to practicing primary care in communities of greatest need can compete for educational scholarships. In return for this scholarship support, they must agree to practice in communities across the Nation where need is the greatest.

For more information, go to http://nhsc.bhpr.hrsa.gov/get_involved/scholarships.html or call 800-221-9393.

STOP!!

Call the OMH Resource Center today for information and a database search on: scholarships; fellowships; grants; and other funding sources.

800-444-6472 • http://www.omhrc.gov

The National Institutes of Health offers many research programs for students at various levels of study - below are some links to such programs.

National Institutes of Health (NIH) Undergraduate Scholarship Program

This program offers competitive scholarships to students from disadvantaged backgrounds who are committed to careers in biomedical, behavioral and social science health-related research.

The program is designed to improve access to education leading to research careers for those who have had fewer opportunities than others.

For more information, go to http://ugsp.info.nih.gov/ or call 800-528-7689.

National Institutes of Health (NIH) Programs for Predoctoral Students

- Predoctoral Intramural Research Training Award
- Interim or Year-Off Intramural Research Training Award
- Clinical Research Training Program (CRTP)

National Institutes of Health (NIH) Programs for Physicians and Post-doctoral Researchers

- Loan Repayment Programs (LRP)
- Laboratory Research Pathway.
- Combined Clinical and Research Pathway

For more information on the programs for predoctoral students, physicians, and post-doctoral researchers, go to http://ugsp.info.nih.gov/BioResearch/rschprog.htm#PPRProg

Non-Federal Funding

Private funding can be obtained from a variety of sources such as foundations, corporations, voluntary agencies and community groups. Generally, private organizations fund programs that address their individual interests, such as health care or the environment, or that benefit a particular group, such as minorities or women.

The following are just a few examples of foundations that offer programs that are health- and/or minority-related.

Bill & Melinda Gates Foundation
P. O. Box 23350
Seattle, WA 98102
206-709-3140
E-mail: info@gatesfoundation.org for general questions or grant inquires
http://www.gatesfoundation.org/
The Foundation seeks to provide access to quality education, to improve health in the developing world, to bring computers, Internet access and training to public libraries in low-income communities in the United States and Canada, and to address the needs of children and families in the Pacific Northwest.

The California Endowment
21650 Oxnard Street
Suite 1200
Woodland Hills, CA 91367
818-703-3311
800-449-4149
http://www.calendow.org/
The Endowment awards grants to organizations that directly benefit the health and well-being of the people of California. Key areas of interest include multicultural health, access to health care, and health and well-being. The Endowment uses a variety of funding approaches to meet the needs of local communities including an open application grant program (CommunitiesFirst), requests for proposals, funding partnerships, commissioned grants and program-related investments. Funding is restricted to not-for-profit and governmental organizations within the State of California—no grants are made to individuals.

Commonwealth Fund
One East 75th Street
New York, NY 10021
212-606-3800
http://www.cmwf.org
The Commonwealth Fund is a private foundation that supports independent research on health and social issues and makes grants to improve health care practice and policy. The Fund is dedicated to helping people become more informed about their health care, and improving care for vulnerable populations such as children, elderly people, low-income families, minority Americans, and the uninsured.

The Foundation Center
79 Fifth Avenue
New York, NY 10003
212-620-4230
http://fdncenter.org/
The Center collects, organizes, and communicates information on U.S. philanthropy; conducts and facilitates research on trends in the field; provides education and training; and ensures public access to information and services through its Web site, print and electronic publications, five library/learning centers, and a national network of over 200 cooperating collections.

The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, NJ 08543-2316
609-452-8701
http://www.rwjf.org
The Robert Wood Johnson Foundation is the largest U.S. foundation devoted to improving the health and health care of all Americans. Grantmaking is concentrated in four areas—access to basic health care at reasonable cost; care and support for people with chronic health conditions; healthy communities and lifestyles; and substance abuse prevention. The foundation awards grants though national calls for proposals and unsolicited requests for funding.

FUNDING NON-FEDERAL

Funding Tips

One of the hardest parts in the grantseeking process can be getting started. The following are some questions you might ask yourself before you start preparing your grant application.

Every grant-making organization, public or private, has different guidelines to follow, however, this list is general enough to apply to any organization.

Reasons for Funding

- Who is the target of the funding need?
- What way does my plan address the need for assistance?
- What are your reasons for undertaking the project?
- What are the short term and long term goals of the project?
- What relevant background information and research is required?

Project Development

- What are the goals and objectives of the funding organization and do they match the goals and objectives of my program?
- What steps need to be implemented in order for the program to be carried out?
- What type of budget will I need for my program?
- What type of proposal format should be used (e.g., forms or letters)?
- What does the project involve, who does it involve or affect and how will we evaluate project outcomes?

Funding Sources

- Who has funding that best suits my project?
- Where can I obtain information about potential funders?
- Why should I look at more than one funding source?
- What type of funding is available after the initial grant money runs out?

Proposal Tips

- When are the application deadlines?
- Who is the appropriate contact for the proposal?
- What, if any, technical assistance is offered by the grantor that will be useful to me?
- Where can I find technical assistance in case the grantor does not provide it?
- Who will help in making sure that I properly complete the proposal and submit the appropriate forms?

Additional Sources of Funding Help

- A grant writing workshop or team up with an experienced fundraiser.
- A local public library to locate funding resources and reading materials.
- Your State Office of Grants Management (or similar office) to seek funds available through your state.
- A local smaller foundation in your community.

Funding Glossary

FUNDING GLOSSARY

Annual Report-A voluntary report issued by a foundation or corporate giving program which provides financial data and descriptions of grantmaking activities.

Appropriated Funds-Money set aside by Congress to be spent in the following fiscal year for specified projects or programs.

Assets-The amount of capital or principal-money, stocks, bonds, real estate, or other resources of the foundation or corporation.

Authorized Funds-Money which Congress initially allocates for needed projects or programs. Until this money is appropriated, it cannot be spent.

Beneficiary-In philanthropic terms, the donee or grantee receiving funds from a foundation or corporate giving program is the beneficiary, though society benefits as well.

Block Grant-Refers to grants in which the Federal Government outlines in broad terms how State and local governments should spend Federal aid—ultimately leaving the spending up to state and local officials.

Bricks and Mortar-An informal term for grants for buildings or construction projects.

Budget-Itemized list of expenditures and income that is written as part of a proposal.

Capital Support-Funds provided for endowment purposes, buildings, construction, or equipment and including, for example, grants for 'bricks and mortar.'

CBO-Community-based organization; any service-providing organization.

Challenge Grant-A grant award that will be paid only if the donee organization is able to raise additional funds from another source(s).

Community Fund-An organized community program which makes annual appeals to the general public for funds which are usually not retained in endowment but are used for the ongoing operational support of local social and health service agencies.

Community Foundation-A 501(c)(3) organization which makes grants for charitable purposes in a specific community or region.

Company-Sponsored Foundation -A private foundation whose grant funds are derived primarily from the contributions of a profit-making business organization.

Competitive grant-Award for specific types of research, demonstration, training, etc.

Contract-An agreement between the Government and an individual or organization to perform a specific work order, job, or function for a specified amount of money.

Cooperative Venture-A joint effort between or among two or more grantmakers (including foundations, corporations, and government agencies).

Corporate Giving Program-A grantmaking program established and administered within a profit-making company.

Demonstration Grant-Funds used to underwrite a feasibility study or program (e.g., to test the assumption that a new drug rehabilitation program actually works).

Demonstration Project-A first-of-a-kind project funded by the Government in hopes of demonstrating to others how to educate, deliver services, or establish new research methodologies.

Direct costs-Cost items directly related to producing the end project or providing services specified in the grant or contract. Direct costs include labor, other direct costs, indirect costs, overhead costs, and general and administrative costs.

Donee-The recipient of a grant. (Also known as the grantee or the beneficiary.)

Donor-The individual or organization which makes a grant or contribution.

FUNDING GLOSSARY

Endowment-Funds intended to be kept permanently and invested to provide income for continued support of an organization.

Entitlement Grant-Noncompetitive and awarded automatically on basis of legally defined formula to all agencies or institutions that qualify (State, medical schools, etc.)

Extramural Funding-Monies used to finance projects or programs carried out by non-Federal-Government organizations or staff.

Family Foundation-An independent private foundation whose funds are derived from members of a single family.

Federated Giving Program-A joint fundraising effort usually administered by a nonprofit 'umbrella' organization which in turn distributes contributed funds to several nonprofit agencies.

Fiscal Year (FY)-A 12-month accounting period, which for the Federal Government runs from October 1 of one calendar year to September 30 of the next.

Formula Grants-Awarded by Federal agencies on the basis of a set formula such as so many dollars per population, per capita income, or enrollment Chief recipients are State governments.

General and Administrative Costs-Expenses incurred by contractor/grantee in the management and administration of the organization as a whole (e.g., accounting staff, legal expenses, expenses related to proposal preparation).

General Purpose Grant-A grant made to further the general purpose or work of an organization, rather than for a specific purpose or project.

Grant-Award of money or direct assistance to perform activity or programs whose outcome is seen as less certain than that from a contract, with expected results described in general terms.

Grant-Financial Report-A report detailing how grant funds were used by an organization.

Grassroots Fundraising-Efforts to raise money from individuals or groups from the local community on a broad basis.

Independent Foundation-A grantmaking organization usually classified by the IRS as a private foundation.

In-Kind Contributions-A contribution of equipment, supplies, or other property as distinguished from a monetary grant.

In-Kind Support-A nonmonetary contribution of equipment, supplies, or other property as distinguished from a grant.

Indirect Costs-Cost items not directly related to producing a product or providing a service specified in a contract or grant, but rather costs incurred in maintaining contractor/grantee personnel and facilities.

Intramural Funding-Monies spent by the Federal Government internally for staff operating expenses, travel, supplies, programs, research, etc.

Legislative Intent-When Congress appropriates money for specific programs or projects it is done through an agreed-upon budget.

Legislative Language-This is the actual wording contained in items passed (approved by a majority) by the legislature-the United States Congress. Legislative language in a budget has the weight of law and must be followed.

Matching Grant-A grant which is made to match funds provided by another donor.

Matching Grants/Funds-Funds or in-kind contributions that must be provided by the grantee or a third party.

Operating Foundation-A 501(c)(3) organization classified by the IRS as a private foundation whose primary purpose is to conduct research, social welfare, or other programs determined by its governing body or establishment charter.

FUNDING GLOSSARY

Operating Support Grant-A grant to cover the regular personnel, administrative, and other expenses for an existing program or project.

Other Direct Costs-Cost of all items, except direct labor, directly related to producing the end project.

Overhead Costs-Expenses incurred by contractor or grantee in maintaining staff and facilities (e.g., rent, supplies, equipment, employee fringe benefits).

Peer Review-Advisory panel of experts from outside the government who make recommendations on the relative merit of applications. Used by most units of the Federal Government to review research and project grants.

Private Foundation-A nongovernmental, nonprofit organization with funds (usually from a single source, such as an individual, family, or corporation) and program managed by its own trustees or directors which was established to maintain or aid social, educational, religious, cultural, or other charitable activities serving the common welfare, primarily through the making of grants.

Program Amount-Funds which are expended to support a particular program.

Program Officer-A staff member of a foundation or corporation who may have expertise in particular areas of grantmaking.

Program/Project Officer-Individual designated by sponsoring agency to serve as the official responsible for the scientific, technical, and programmatic aspects of the grant project.

Project Grants-An overall term for the wide variety of grants that support specific projects.

Project Period-The total time for whic support of a project has been approved, including extensions of time.

Proposal-A written application, often with supporting documents submitted to a foundation or corporation in requesting a grant.

Public Charity-In general, an organization which is tax exempt under Code section 501(c)(3) and is classified by IRS as a public charity and not a private foundation.

Qualifying Distributions-Expenditures of private foundations used to satisfy payout requirement.

Query Letter-A brief letter outlining an organization's activities and its request for funding sent to a foundation or corporate giving program to determine whether it would be appropriate to submit a full grant proposal.

Revenue Sharing-Mechanism whereby the Federal Government turns funds back to local units of government.

RFA (Request for Application)-An announcement from a funding source that will result in a grant award.

RFP (Request for Proposal)-When the Government issues a new contract or grant program, it sends out RFPs to agencies that might be qualified to participate. The RFP lists project specifications and application procedures.

Seed Money-A grant or contribution used to start a new project or organization. Seed grants may cover salaries and other operating expenses of a new project.

Site Visit-Visit by persons responsible to funding agency to obtain additional information before the award of a contract.

Special Purpose Foundation-A private foundation which focuses its grantmaking activities in one or a few special areas of interest.

Tax Exempt-Refers to organizations that do not have to pay Federal or State corporate tax, State sales taxes, or telephone excise taxes.

Technical Assistance-Operational or management assistance given to nonprofit organizations. It can include fundraising assistance, budgeting and financial planning, program planning, legal advice, marketing, and other aids to management. Assistance may be offered directly by a foundation or corporate staff member or in the frm of a grant to pay for the services of an outside consultant.

Technical Assistance

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Technical Assistance

There are many different definitions of technical assistance (TA)—from 'management assistance' given to non-profit organizations to a 'paid consultant' to write a grant. Both of these definitions and the ones in between all apply under the term 'technical assistance'.

For the purposes of this toolkit, 'technical assistance' is any type of verbal communication, print material, media outreach, toolkit, or assessment tool that makes ones job easier in imparting information and education to a target audience.

This section lists organizations that provide some type of technical assistance for the priority health concerns of cancer, cardiovascular disease/stroke, diabetes, HIV/AIDS, immunization, and infant mortality. The form of TA may be workshops, online tutorials testing for the risk of heart disease, software programs to install, and more!

While not exhaustive, there are many different types of TA resources listed for those interested in the following areas: Alzheimer's disease, asthma, border health, caregivers, community health, cultural competence, disabilities, elderly persons, environmental health, hepatitis, lupus, mental health, migrant health, rural health, sickle cell disease, suicide, thalassemia, women's health, and more.

CANCER

Cancer Care, Inc.
275 Seventh Avenue
New York, NY 10001
http://www.cancercare.org

- Technical Assistance Institute Teleconferences Program
  http://www.cancercare.org/clinical/education/
  Cancer Care's Technical Assistance Institute teleconferences and programs offer technical assistance to community and health care professionals to assist them in developing and implementing support programs for cancer patients, their families, and their caregivers.

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
CDC/DCPC
4770 Buford Hwy, NE
MS K64
Atlanta, GA 30341
888-842-6355
http://www.cdc.gov/cancer/nbccedp/index.htm

- Workplans: A Program Management Tool Education and Training Packet
  http://www.cdc.gov/cancer/nbccedp/training/workplans.htm
  The packet serves as a guide for State, Tribal, and Territorial BCCEDP staff in the process of developing a workplan. The tip sheets contain in-depth, step-by-step instructions for developing a workplan, including issues surrounding program planning, implementation, and evaluation.

National Cancer Institute
Risk Factor Monitoring and Methods Branch
Applied Research Program
Division of Cancer Control and Population Sciences
EPN 4005
6130 Executive Blvd-MSC 7344
Bethesda, MD 20892-7344
301-496-8500
http://riskfactor.cancer.gov/index.html

- The Diet History Questionnaire (DHQ)
  http://riskfactor.cancer.gov/DHQ/
  Helpful for assessing potential cancer risk factors, DHQ is a food frequency questionnaire (FFQ) consisting of 124 food items, including both portion size and dietary supplement questions. It takes about 1 hour to complete and was designed, based on cognitive research findings, to be easy to use.

CARDIOVASCULAR DISEASE/ CEREBROVASCULAR DISEASE

American Heart Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-AHA-USA-1 (800-242-8721)
http://www.americanheart.org

- What is Get With The GuidelinesSM?
  http://www.americanheart.org/presenter.jhtml?identifier=1165
  "Get With The Guidelines" is a new program to help hospitals teach cardiovascular patients to reduce their risk of another event. The American Heart Association conducts training sessions across the country.

American Stroke Association
National Center
7272 Greenville Avenue
Dallas, TX 75231
888-4-STROKE (888-478-7653)
http://www.strokeassociation.org

- Acute Stroke Treatment Program
  http://www.strokeassociation.org/presenter.jhtml?identifier=2723
  This tool kit is for stroke center directors, hospital providers and staff who want to establish a primary stroke center. The Program Capacity Assessment Criteria checklist allows hospitals to evaluate their readiness to treat stroke. Other tools include physician's standing orders, integrative pathways, hospital stroke scales, and more.

TECHNICAL ASSISTANCE
PRIORITY HEALTH

- Organizing Stroke Screenings
  http://www.strokeassociation.org/downloadable/stroke/1013009158564StrkScreenGdlns.pdf
  Created for healthcare professionals, staff, and volunteers as a guide in conducting stroke screenings, this kit recommends educational and support materials needed, as well as protocols to follow. It also includes a stroke risk assessment form.

- Stroke: When Minutes Matter
  http://www.strokeassociation.org/downloadable/stroke/1013009397780min_mat.pdf
  This program kit offers senior center directors the tools they will need to hold an educational event on stroke warning signs and the need to dial 911 when experiencing those warning signs. The kit includes instructions and reproducible handouts.

National Heart, Lung, and Blood Institute
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
http://www.nhlbi.nih.gov/index.htm

- The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
  http://www.nhlbi.nih.gov/guidelines/obesity/prctgd_c.pdf
  The goal of the Practical Guide is to provide the tools needed to effectively manage overweight and obese adult patients.

- Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III, or ATP III)
  http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.htm

DIABETES

Diabetes Today National Training Center
1700 Research Boulevard
Suite 400
Rockville, MD 20850
877-CDC-DIAB
301-294-5453
http://www.diabetestodayntc.org
The purpose of the Diabetes Today National Training Center is to establish a national training center that will conduct Diabetes Today training courses and provide technical assistance and follow-up to participating States, the District of Columbia, the Virgin Islands, Puerto Rico, national and regional organizations, and communities.

National Diabetes Education Program
National Diabetes Information Clearinghouse
1 Diabetes Way
Bethesda, MD 20892-3600
800-438-5383
http://ndep.nih.gov/

- Diabetes Community Partnership Guide
  http://ndep.nih.gov/materials/pubs/community-guide/community-guide.htm
  This how-to kit is the ideal tool to help launch diabetes activities in your community. The 150-page kit contains ideas and guidelines to start partnerships, plan activities, and raise community awareness.

- Making a Difference: The Business Community Takes on Diabetes
  http://ndep.nih.gov/materials/pubs/making-a-difference/index.htm
  This White paper is a call to action for business leaders to become involved in workplace and community activities to control diabetes-related complications. It provides information on the human and economic impact of diabetes and gives suggestions on how businesses can help employees with diabetes achieve improved glycemic control.

Contact the OMH Resource Center today if you need help finding organizations that provide technical assistance!
800-444-6472 • www.omhrc.gov

- Media Kits
  http://ndep.nih.gov/materials/puborder/resource.htm#kits
  Focusing on diabetes prevention, media kits are available for the following minority groups: African American, American Indian, Asian American and Pacific Islander in English, Hispanic and Latino in English and Spanish, and the following translated versions Cambodian, Chinese, Gujarati, Hindi, Hmong, Ilokano, Korean, Laotian, Samoan, Tagalog, and Vietnamese.

- The Power to Control Diabetes is in Your Hands (community kit)
  http://ndep.nih.gov/materials/puborder/resource.htm#health
  This kit is a tool for individuals and organizations to use in educating people with diabetes, their families, and friends about how to control this disease and use Medicare benefits to pay for diabetes self-testing equipment and supplies.

- Team Care: Comprehensive Lifetime Management for Diabetes
  http://ndep.nih.gov/materials/pubs/team-care/team-care.htm
  This report was created to help organizational leaders in health care systems and health care purchasers implement multidisciplinary team care for people with diabetes in all clinical settings. It describes how to reduce the human and economic toll of diabetes through a continuous, proactive, planned, patient-centered, and population-based approach to care.

Texas Medical Foundation
Barton Oaks Plaza Two, Suite 200
901 Mopac Expressway South
Austin, TX 78746-5799
888-691-9167
http://www.dqip.org/

- Compendium of Diabetes Best Practices
  http://www.dqip.org/compendium/index.html
  The Compendium of Diabetes Best Practices assists health care providers by improving the screening, monitoring, and treatment of diabetic patients.

- Diabetes Quality Improvement Project (DQIP) Data Abstraction Software and User's Guide
  http://www.dqip.org/toolkit.html
  The DQIP abstraction tool kit is designed for use by managed care plans and physician practices to measure the routine care they deliver to their diabetic patients. Using this tool kit, providers can collect and analyze data to measure and ultimately improve the quality of diabetes care they deliver.

HIV/AIDS

AIDS Education and Training Centers (AETC)
National Resource Center (NRC)
http://www.aids-ed.org/
This online resource is provided as an information resource for physicians and other health care professionals to assist in the appropriate treatment of patients with HIV/AIDS.

Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA)
CDC National Prevention Information Network (NPIN)
P. O. Box 6003
Rockville, MD 20849-6003
800-458-5231
http://www.brta-lrta.org/

- The Labor Leader's Kit
  http://www.brta-lrta.org/mats/labor.htm
  The kit includes all the resources labor leaders need to build comprehensive AIDS in the workplace programs.

- The Manager's Kit
  http://www.brta-lrta.org/mats/manager.htm
  The kit includes all the resources business leaders need to build comprehensive AIDS in the workplace programs.

TECHNICAL ASSISTANCE PRIORITY HEALTH

Center for Community-Based Health Strategies
1825 Connecticut Avenue, NW
Washington, D.C. 20009-5721
202-884-8862
http://www.healthstrategies.org

- HIV Prevention Among Drug Users: A Resource Guide for Community Planners & Program Managers
  http://www.healthstrategies.org/pubs/publications/HPDU-EntireDocument.pdf

- HIV Prevention Community Planning: An Orientation Guide
  http://www.healthstrategies.org/pubs/publications/HIV_Prevention_Guide.pdf

- The State of Latinos in HIV Prevention Community Planning: A Briefing and a Call to Action http://www.healthstrategies.org/pubs/publications/slcp_mar2002.pdf

Health Resources and Services Administration (HRSA)
HIV/AIDS Bureau
5600 Fishers Lane
Rockville, MD 20852
301-443-3376
http://www.hab.hrsa.gov/

- CARE Act TA Library
  http://hab.hrsa.gov/tools
  The TA Library is a searchable database of TA information for the CARE Act community (e.g., manuals, tools, sample materials developed by grantees).

HIVAIDSTA.org
http://www.hivaidsta.org/
This is an online resource offering HIV prevention community planning materials, peer samples, links to community planning groups, listservs, technical assistance, and more. This site is a joint project of the Academy of Educational Development (AED) Center for Community-Based Health Strategies and the National Alliance of State and Territorial AIDS Directors (NASTAD).

- Assessing the Need for HIV Prevention Services: A Guide for Community Planning Groups
  http://www.hivaidsta.org/ta_materials/ta_tools.htm#assessingneed
  This guide is intended to help HIV prevention community planning groups (CPGs) design, implement, update, and manage useful needs assessments.

- Self Assessment Tool for HIV Prevention Community Planning
  http://www.hivaidsta.org/ta_materials/ta_tools.htm#selfassessment
  This assessment tool is designed to provide community-planning groups with a practical, easy-to-use instrument to assess and enhance their community planning process; and to assist community-planning groups in identifying their needs for technical assistance.

National Alliance of State and Territorial AIDS Directors (NASTAD)
444 North Capitol Street, NW
Suite 339
Washington, D.C. 20001
202-434-8090
http://www.nastad.org/

- NASTAD Global AIDS Technical Assistance Program (GATAP)
  http://www.nastad.org/pro_gap.asp?menu=pro
  GATAP increases the capacity of resource-constrained countries to plan, implement and manage HIV prevention and care activities through peer-based technical assistance, organizational assessment, training, policy and program development, community planning, capacity-building, evaluation, and more.

National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health (DASH) Information Service
HealthyYouth
P. O. Box 8817
Silver Spring, MD 20907.
888-231-6405
888-282-7681 Fax
http://www.cdc.gov/nccdphp/dash/

- Handbook for Evaluating HIV Education
  http://www.cdc.gov/nccdphp/dash/program_evaluation/hiv/index.htm
  Handbook addresses evaluation of HIV policy, HIV curricula, HIV staff development programs, and HIV-related student outcomes in schools. Handbook can also be used to help assess the quality of HIV education programs at the state and local levels.

National Center for HIV, STD and AIDS Prevention
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
800-342-2437
800-344-7432 Spanish
http://www.cdc.gov/hiv

- Evaluating CDC-Funded Health Department HIV Prevention Programs
  http://www.cdc.gov/hiv/aboutdhap/perb/hdg.htm
  Volumes 1 and 2 are designed to assist grantees in responding to CDC requirements regarding the evaluation of HIV prevention interventions supported with CDC funds.

- HIV Prevention Program Evaluation Materials Database
  http://www2.cdc.gov/dhap1/petas/selection.asp
  Database provides information about a variety of HIV prevention program evaluation resources appropriate to community-based organizations, health departments, capacity-building assistance providers, CDC staff, and other HIV prevention providers.

TECHNICAL ASSISTANCE PRIORITY HEALTH

IMMUNIZATION

All Kids Count
750 Commerce Drive, Suite 400
Decatur, Georgia 30030
800-874-4338
http://www.allkidscount.org/

- Increasing Private Provider Participation in Immunization Registries: A Toolkit and Guide
  http://www.allkidscount.org/iz/publications/toolkit.html
  Toolkit includes how-to information on understanding the local health care environment and customers, how to develop a recruitment plan, providers' frequently asked questions, and examples of research instruments for understanding private providers, health plans, and parents.

Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850
410-786-3000
http://cms.hhs.gov/

- Medicare Adult Immunization Computer Based Training Course Description
  http://www.hcfa.gov/medlearn/CBT_AI.htm
  The goal of the Adult Immunization course is to help you better understand the importance of adult immunizations and identify ways to increase the immunization rates in the healthcare community.

TECHNICAL ASSISTANCE PRIORITY HEALTH

National Immunization Program (NIP)
Public Inquiries
Mailstop E-05
1600 Clifton Road, NE
Atlanta, GA 30333
800-232-2522
800-232-0233 Spanish
http://www.cdc.gov/nip/
http://www.cdc.gov/spanish/inmunizacion.htm

- The Clinic Assessment Software Application (CASA)
  http://www.cdc.gov/nip/casa/Default.htm
  CASA is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided

INFANT MORTALITY

Agency for Healthcare Research and Quality
Publications Clearinghouse
P. O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
http://www.ahrq.gov/

- CHILD HEALTH TOOLBOX—Measuring Performance in Child Health Programs Access, Quality, and Health Service Delivery
  http://www.ahrq.gov/chtoolbx/
  Provides concepts, tips, and tools for evaluating Medicaid, the State Children's Health Insurance Program (SCHIP), Title V, and other health care service programs for children.

National Fetal and Infant Mortality Review (NFIMR)
P. O. Box 96920
Washington, D.C. 20090-6920
202-863-2587
http://www.acog.org/ (Click on 'technical help' then click on 'NFIMR')

- Sustaining the FIMR Program: A Toolkit http://www.acog.org/from_home/departments/dept_notice.cfm?recno=10&bulletin=789
  The purpose of this document is to provide directors and coordinators responsible for managing fetal and infant mortality review (FIMR) programs with information to help sustain their program.

National Sudden Infant Death Syndrome Resource Center (NSRC)
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182
703-821-8955
http://www.sidscenter.org/
NSRC assists state Maternal Child Health Bureau-supported projects, state SIDS programs funded through the MCHB Block Grant, policymakers, program planners, parents, family members, the general public, researchers, educators, medical and legal professionals, care providers, and counselors.

TECHNICAL ASSISTANCE OTHERHEALTH

ACCESS

Bureau of Primary Health Care (BPHC)
4350 East-West Highway, 3rd Floor
Bethesda, MD 20814
301-594-3802
301-594-4987
http://bphc.hrsa.gov

- Center for Communities in Action (CCA)
  http://bphc.hrsa.gov/CCA/
  The CCA will identify partners and help to mobilize communities to provide access to primary health care to everyone in America. The Center is a major national support vehicle allowing the BPHC to transfer tools and technologies to partner organizations and communities that are critical to building and sustaining health care systems for poor and vulnerable populations. The CCA mission is to assist communities to effectively deploy local, state, and Federal assets to achieve 100% access to primary care for all individuals. Efforts and energies of the center are directed at identifying and assisting needy communities in building networks and relational models that promote capacity building, alignment of local assets and intellectual capital and effective utilization of Federal and state assistance.

ALZHEIMER'S

Administration on Aging (AoA)
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501 National Aging Information Center
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality
http://www.aoa.gov

- Because We Care
  http://www.aoa.gov/wecare/default.htm
  An online resource guide for the growing number of Americans who are caring for an older family member, adult child with disabilities, or older friend. This Guide provides information and a range of suggestions to make caregiving easier and more successful.

ASTHMA

National Heart, Lung, and Blood Institute
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
http://www.nhlbi.nih.gov/index.htm

- The Asthma Management Model System
  http://www.nhlbisupport.com/asthma/index.html
  This model is an information management tool designed to facilitate science-based decision-making and evidence-based medicine in long-term asthma management. The system consists of three main components-research, education, and communication.

U.S. Environmental Protection Agency
Indoor Air Quality Information Clearinghouse (IAQ INFO)
P. O. Box 37133
Washington D.C. 20013-7133
800-438-4318
703-356-4020
http://www.epa.gov/iaq

- Tools for Schools Action Kit
  http://www.epa.gov/iaq/schools/tools4s2.html
  This kit helps school personnel identify, solve, and prevent indoor air quality problems in the school environment. Through the use of a 19-step management plan and checklists for the entire building, schools can also lower their students and staff's risk of exposure to asthma triggers.

TECHNICAL ASSISTANCE OTHERHEALTH

BORDER HEALTH

Centro de Evaluación: US/Mexico Border Health Evaluation Center
The University of Oklahoma School of Social Work
1005 S. Jenkins Avenue, Rhyne Hall
Norman, OK 73019
405-325-0442
http://www.ou.edu/border/
Offers technical assistance in data management (MIS) and/or data collection; survey instrument development and measurement issues; model development and articulation; data analysis and presentation of findings; and other evaluation issues related to border health.

CAREGIVERS

National Family Caregiver Support Program (NFCSP)
Administration on Aging (AoA)
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501 National Aging Information Center
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality
http://www.aoa.gov

- National Family Caregiver Support Program Resource Guide
  http://www.aoa.gov/carenetwork/nfcsp-resource-guide.html
  This guide has been designed to offer practical information to the aging network to help implement the new caregiver program. It will feature possible implementation strategies and approaches, based on current research and practice, that network staff may consider in carrying out the NFCSP. The Resource Guide currently is in publication clearance but is available online.

CHILD CARE

Tribal Child Care Technical Assistance Center (TriTAC)
P. O. Box 1221
Pawhuska, OK 74056
800-388-7670
http://www.nccic.org/tribal/
TriTAC provides targeted technical assistance services to over 500 Tribes supported by the Child Care and Development Fund in an effort to enhance the quality, affordability and supply of child care available for all families, develop more coordinated delivery systems, promote linkages with State and local programs, and improve child care opportunities for families, providers, and Tribal communities. Activities include: a toll-free information and referral line; maintenance of a website with information on tribal child care programs, including promising practices and available resources; an annual national tribal child care conference; and cluster trainings.

COMMUNITY HEALTH

Health Resource and Services Administration
HRSA Information Center
P. O. Box 2910
Merrifield, VA 22116
888-ASK-HRSA
http://www.ask.hrsa.gov

- Community Health Status Indicators (CHSI)
  http://www.communityhealth.hrsa.gov/
  The CHSI provides 3,082 reports of health status indicators, one for each county in the nation. Reports provide health officials with data that can be used for assessment of needs, measurement of preventable disease, disability, and death, and more.

Public Health Foundation
Healthy People Initiative
1220 L Street, NW
Suite 350
Washington, D.C. 20005
202-898-5600
http://www.phf.org

- The Healthy People Toolkit
  http://www.health.gov/healthypeople/state/toolkit/default.htm
  Toolkit provides guidance, technical tools, and resources to help states, territories, and tribes develop and promote successful state-specific Healthy People 2010 plans. It can also serve as a resource for communities and other entities embarking on similar health planning endeavors. With the assistance and guidance of the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services (HHS), the Public Health Foundation reviewed both year 2000 and year 2010 initiatives and identified these seven areas as common elements of most health planning and improvement efforts.
  The seven action areas are: Building the Foundation: Leadership and Structure; Identifying and Securing Resources; Identifying and Engaging Community Partners; Setting Health Priorities and Establishing Objectives; Obtaining Baseline Measures, Setting Targets, and Measuring Progress; Managing and Sustaining the Process; and Communicating Health Goals and Objectives.

CULTURAL COMPETENCE

The Cross Cultural Health Care Program
2821 Beacon Avenue South
Seattle, WA 98144
206-860-0329
http://www.xculture.org/
Each year CCHCP provides trainings in linguistic and cultural competency in numerous health and social service settings around the country. Trainings target three crucial arenas of a health care system: the staff who provide care, the administrators who coordinate the delivery of care, and the policy-makers who regulate the form and manner of its delivery.

The National Alliance for Hispanic Health
1501 Sixteenth Street, NW
Washington, D.C. 20036
202-387-5000
http://www.hispanichealth.org/

- The Hispanic Health Needs Assessment (HHNA)
  http://www.hispanichealth.org/hhna2001_1.pdf
  The HHNA provides Hispanic communities with tools to self-identify critical health issues and priorities thought existing public health data systems as well as community surveys.

National Center for Cultural Competence
3307 M Street, NW, Suite 401
Washington, D.C. 20007-3935
800-788-2066
202-687-8899 Fax
http://www.georgetown.edu/research/gucdc/nccc/

- Cultural Competency Self-Assessment Checklist
  http://www.georgetown.edu/research/gucdc/nccc/nccc7.html
  This online checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. It provides concrete examples of the kinds of values and practices which foster such an environment.

New York University (NYU)
Center for Immigrant Health
Division of Primary Care
NYU School of Medicine
550 First Avenue
New York, NY 10016
212-263-8783
http://www.med.nyu.edu/cih/
The Center for Immigrant Health's mission is to facilitate the delivery of linguistically, culturally, and epidemiologically sensitive health care services to newcomer populations.

TECHNICAL ASSISTANCE OTHERHEALTH

Resources for Cross Cultural Health Care
8915 Sudbury Road
Silver Spring, MD 20901
301-588-6051
http://www.DiversityRx.org
Resources for Cross Cultural Health Care is a national network of individuals and organizations in ethnic communities and health care which offer technical assistance and information on linguistic and cultural competence in health care. Particular areas of expertise include medical interpretation program design and training, cross cultural assessment and training, and development of linguistically and culturally competent health care programs, policies, and laws.

DISABILITY

Americans with Disabilities Act (ADA)
Technical Assistance Program (ADATA)
800-949-4232
http://www.adata.org/
ADATA-in existence since 1992-was set up primarily to further the understanding and implementation of the ADA. The program has created a vast infrastructure of resources, including numerous ADA publications and videos, materials targeted to specific audiences, training packages and an unparalleled knowledge of the ADA.

Disability Business Technical Assistance Centers (DBTACs)
http://www.adata.org/dbtac.html
These ADATA-established regional centers provide information, training, and technical assistance to employers, people with disabilities, and other entities with responsibilities under the ADA.

ENVIRONMENT

Environmental Protection Agency
1200 Pennsylvania Avenue, NW
Washington, D.C. 20460
http://www.epa.gov
The EPA offers several clearinghouses that offer technical assistance in the area of health and the environment including the Air Risk Information Support Center; the Clean Air Technology Center (CATC); the Indoor Air Quality Information Clearinghouse (IAQINFO); the National Antimicrobial Information Network; the Pollution Prevention Information Clearinghouse (PPIC); the National Lead Information Center (NLIC), and more.

FAMILIES AND CHILDREN

The National Clearinghouse on Families & Youth (NCFY)
P. O.Box 13505
Silver Spring, MD 20911-3505
301-608-8098
http://www.ncfy.com/

- The National Clearinghouse on Families & Youth
  http://www.ncfy.com/pubs.htm
  NCFY produces technical assistance and educational publications on behalf of the Family and Youth Services Bureau.

HEALTH CARE COSTS

Agency for Healthcare Research and Quality
Publications Clearinghouse
P. O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
http://www.ahrq.gov/

- Healthcare Cost & Utilization Project (HCUP)
  http://www.ahcpr.gov/data/hcup/
  Researchers and policymakers use HCUP data to identify, track, analyze, and compare hospital statistics at the national, regional and State levels-data are used to describe patterns of care for uncommon as well as common diseases, analyze hospital procedures, including those that are performed infrequently, and study the care of population sub-groups such as minorities, children, women, and the uninsured.

HEPATITIS

Office of Health Communication
National Center for Infectious Diseases
Centers for Disease Control and Prevention
Mailstop C-14
1600 Clifton Road
Atlanta, GA 30333
888-4-HEP-CDC (888-443-7232)
http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm

- Viral Hepatitis
  http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm
  Provide technical assistance to state and local health departments, and the international community for implementation of prevention activities, including CDCs recommendations for Elimination of Hepatitis B Virus Transmission in the United States, Prevention and Control of Hepatitis C Virus Infection and Related Chronic Disease, and Prevention of Hepatitis A through Active Immunization; and WHO's infant hepatitis B immunization programs and Safe Injection Global Network.

HIGH BLOOD PRESSURE

National Heart, Lung, and Blood Institute
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
http://www.nhlbi.nih.gov/index.htm

- The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure
  http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm
  This report contains important new information for clinicians-a discussion of new pharmacologic therapies including combination drugs, information from recently completed randomized controlled trials on hypertension prevention and treatment, a guide to help clinicians individualize treatment by stratifying patients' risks, a revised treatment algorithm, as well as detailed and updated strategies for special populations and situations.

INJURY AND VIOLENCE PREVENTION

Children's Safety Network (CSN)
National Injury and Violence Prevention Resource Center
Education Development Center, Inc.
55 Chapel Street
Newton, MA 02458-1060
617-969-7100, ext. 2207
http://www.edc.org/HHD/csn
CSN, funded by the U. S. Department of Health and Human Services, HRSA, Maternal and Child Health Bureau, provides maternal and child health (MCH) and other injury prevention professionals with technical assistance, data, other information, and resources to help incorporate injury and violence prevention programs into existing MCH programs.

- Children's Safety Network Injury Data Technical Assistance Center (NIDTAC)
  http://www.nidtac.org/
  NIDTAC provides technical assistance to regional, state and local MCH agencies with the identification of existing injury data sources, development of injury surveillance and data collection systems, development of injury needs assessments, program responses and the evaluation of injury prevention programs, and more.

National Resource Center for Safe Schools
Northwest Regional Educational Laboratory
101 Southwest Main Street, Suite 500
Portland, OR 97204
800-268-2275
http://www.safetyzone.org
The National Resource Center for Safe Schools offers training, technical assistance, and information to help schools and communities create safe school environments.

TECHNICAL ASSISTANCE OTHERHEALTH

LUPUS

Lupus Foundation of America, Inc. (LFA)
1300 Piccard Drive, Suite 200
Rockville, MD 20850-4303
800-558-0121
301-670-9292
800-558-0231 Spanish
http://www.lupus.org
The LFA develops education and training programs to train volunteers, community leaders and representatives of the medical community to provide services to people with lupus. LFA also offers assistance on starting a chapter or support group.

MANAGED CARE

Health Resources and Services Administration (HRSA)
Managed Care Technical Assistance Center (MCTAC)
John Snow, Inc.
1616 N. Fort Myer Drive, 11th Floor
Arlington, VA 22209-3100
877-832-8635
http://www.jsi.com/hrsamctac/
MCTAC was created to help HRSA grantees, including health professions education and training programs, subcontractors to HRSA grantees, and other Safety Net Providers obtain managed care technical assistance and training. MCTAC does not duplicate or replace existing technical assistance resources provided by HRSA's sponsoring Bureaus and Offices. MCTAC services will supplement existing managed care technical assistance resources.

MEDICAID

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850
410-786-3000
http://cms.hhs.gov/
Administered by the Centers for Medicare & Medicaid Services (formerly the Health Care Finance Administration), Medicaid is a jointly funded, Federal-State health insurance program for certain low-income and needy people. It covers approximately 36 million individuals including children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.

MEDICARE

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850
800-633-4227
http://www.medicare.gov
Administered by the Centers for Medicare & Medicaid Services (formerly HCFA-the Health Care Finance Administration), Medicare, the nation's largest health insurance program, provides health insurance to people age 65 and over, those who have permanent kidney failure, and certain people with disabilities.

- HCFA Managed Care Nonrenewal Tool Kit
  http://www.cms.hhs.gov/professionals/partners/nmep/materials/educationaltools/nonrenewal/default.asp
  This Tool Kit has been developed to help HCFA staff, State Health Insurance Assistance Programs (SHIPs), and other partners conduct outreach in areas affected by HMO nonrenewals and service area reductions. Offers fact sheets covering beneficiary rights, options and resources available; talking points; Q & A documents; a PowerPoint presentation; Model press releases; and other resources.

- The Medicare Learning Network (MedLearn)
  http://www.hcfa.gov/medlearn/
  This online network was established in response to increased Medicare health care professional usage of the Internet as a learning resource. Issues surrounding provider education and provider customer service have moved to the forefront of the Centers for Medicare and Medicaid Service's (CMS's) priorities. Demands from the provider community are continuing to increase and play a greater role in CMS's business functions.

MENTAL HEALTH

Center for Mental Health Services (CMHS)
Knowledge Exchange Network
P. O. Box 42490
Washington, D.C. 20015
800-789-2647
http://www.mentalhealth.org

- Research, Training, and Technical Assistance Centers
  http://www.mentalhealth.org/publications/allpubs/KEN95-0010/default.asp
  Lists TA centers supported by the Center for Mental Health Services. Services may include technical assistance, information and referrals, on-site consultation, training, library services, publications, annotated bibliographies, and other resources.

Georgetown University Child Development Center
3307 M Street, NW
Suite 401
Washington, D.C. 20007-3935
202-687-5000
http://gucdc.georgetown.edu/

- National Technical Assistance Center for Children's Mental Health
  http://www.georgetown.edu/research/gucdc/cassp.html
  Offers TA in the form of information packets, issue briefs, and monographs on children and adolescents with serious emotional disturbances; training institutes on planning, delivery, and financing of services; and agency and organization collaboration.

National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333
http://www.nasmhpd.org/ntac/

- National Technical Assistance Center for State Mental Health Planning (NTAC)
  http://www.nasmhpd.org/ntac/
  NTAC delivers customized, on-site technical assistance to state mental health agencies, state mental health planning and advisory councils, consumers, families and other organizations on issues related to mental health planning, service delivery and evaluation.

UCLA / School Mental Health Project (SMHP)
Center for Mental Health in Schools
Department of Psychology
P. O. Box 951563
Los Angeles, CA 90095-1563
310-825-3634
http://smhp.psych.ucla.edu
SMHP addresses barriers to learning and promote healthy development by gathering and disseminating information, developing materials, providing direct assistance, training, and facilitating networking and the exchange of ideas.

MIGRANT HEALTH

Migrant Head Start Quality Improvement Technical Assistance Support Center
1255 23rd, NW
Washington, D.C. 20037
800-864-0465
http://www.mhsqic.org/
Migrant Head Start provides Head Start services for the children of eligible mobile migrant farmworkers across the country. The Quality Improvement [Technical Assistance Support] Center provides technical assistance to Migrant Head Start grantees and delegate agencies.

OBESITY

National Heart, Lung, and Blood Institute (NHLBI)
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
http://www.nhlbi.nih.gov/index.htm

- Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
  http://www.nhlbi.nih.gov/guidelines/obesity/ob_home.htm
  These guidelines, released by NHLBI, in cooperation with the National Institute of Diabetes and Digestive and Kidney Diseases, focus on the identi-

fication, evaluation, and treatment of overweight and obesity. The guidelines come in various formats-see below.

- OEI Treatment Guidelines Implementation Tool for Palm OS
  http://hin.nhlbi.nih.gov/obgdpalm.htm
  Treat overweight and obesity according to the Clinical Guidelines on Overweight and Obesity in Adults with this free interactive program for use on Palm operating system devices.

- The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults
  http://www.nhlbi.nih.gov/guidelines/obesity/practgde.htm
  The goal of the Practical Guide is to provide the tools needed to effectively manage overweight and obese adult patients.

ORAL HEALTH

National Institute of Dental and Craniofacial Research (NIDCR)
1 NOHIC Way
Bethesda, MD 20892-3500
301-402-7364
301-907-8830 Fax
http://www.nidr.nih.gov/sgr/sgr.htm

- Surgeon General's Report on Oral Health
  http://www.nidr.nih.gov/sgr/sgr.htm
  The report calls for a national partnership to provide opportunities for individuals, communities and the health professions to work together to maintain and improve the nation's oral health. Looks at broadened awareness and use of common preventive tactics, including personal daily oral hygiene habits such as brushing with a fluoride toothpaste and flossing daily, community programs such as community water fluoridation and tobacco cessation programs, and health care provider-based interventions such as the use of dental sealants and examinations for oral and pharyngeal cancers.

ORGAN DONATION/TRANSPLANTATION

National Marrow Donor Program
Suite 500
3001 Broadway Street Northeast
Minneapolis, MN 55413-1753
800-MARROW2 (800-627-7692)
http://www.marrow.org

- Medical Professionals' Guide
  http://www.marrow.org/MEDICAL/medical_professionals_guide.html
  A vital resource for oncologists, hematologists, immunologists, geneticists and other medical professionals, the 2001 "A Medical Professionals' Guide to Unrelated Stem Cell Transplantation" explains the process and timelines associated with finding an unrelated marrow donor, blood stem cell donor or umbilical cord blood unit.

PUBLIC HEALTH

Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
800-311-3435
http://www.cdc.gov/

- Framework for Program Evaluation in Public Health
  http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4811a1.htm
  The framework guides public health professionals in their use of program evaluation. It is a practical, nonprescriptive tool designed to summarize and organize essential elements of program evaluation.

The Public Health Training Network (PHTN)
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
800-41-TRAIN (800-418-7246)
http://www.phppo.cdc.gov/PHTN//default.asp
PHTN is a distance learning system that uses a variety of instructional media ranging from print-based to videotape and multimedia to meet the training needs of the public health workforce nationwide. PHTN's helps state and Federal health agencies produce training programs, capacity build, support field operations, and develop agency-specific program.

QUALITY ASSURANCE

Agency for Healthcare Research and Quality
Publications Clearinghouse
P. O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
http://www.ahrq.gov/

- Tools for Quality Measurement: CONQUEST: Computerized Needs-Oriented Quality Measurement Evaluation System
  http://www.ahrq.gov/child/qmtools/conquestim.htm
  CONQUEST is an easy-to-use quality improvement software tool that uses a common structure and language to help users identity, understand, compare, evaluate, and select among 1,200 clinical performance measures that can be used to assess and improve quality of care. CONQUEST's interlocking databases link condition-specific treatment and service recommendations from guidelines to related measures.

RURAL HEALTH

The Rural Information Center (RIC)
National Agricultural Library, Room 304
Beltsville, MD 20705-2351
800-633-7701
301-504-5547
http://www.nal.usda.gov/ric/
RIC provides customized information products to specific inquiries including assistance in economic revitalization issues;local government planning projects; rural health topics; funding sources; technical assistance programs; research studies; and other related issues.

SICKLE CELL DISEASE

National Heart, Lung, and Blood Institute
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
http://www.nhlbi.nih.gov/index.htm

- Management and Therapy of Sickle Cell Disease
  http://www.nhlbi.nih.gov/health/prof/blood/sickle/sick-mt.htm
  A clinical guide for health care professionals by a group of pediatricians, nurses, hematologists, and internists summarizes collective experiences with various therapeutic regimens. Updated to reflect recent advances and modifications in the clinical management of sickle cell disease as well as findings from the Preoperative Transfusion Study, the Prophylactic Penicillin Trial II, the Multicenter Hydroxyurea Study, and epidemiological data from the Cooperative Study of Sickle Cell Disease.

The Sickle Cell Information Center
P. O. Box 109
Grady Memorial Hospital,
80 Jessie Hill Jr. Drive SE,
Atlanta, GA 30303
404-616-3572
http://www.scinfo.org/
This online gateway, sponsored in part by Grady Memorial Hospital and Emory University, provides sickle cell patient and professional education, news, research updates and worldwide sickle cell resources.

SUBSTANCE ABUSE

Center for Substance Abuse Prevention
Substance Abuse & Mental Health Services Administration (SAMHSA)
SAMHSA's Workplace Resource Center
Division of Workplace Programs
5600 Fishers Lane
Rockwall II Building, Room 815
Rockville, MD 20857
800-Workplace
http://workplace.samhsa.gov
SAMHSA's Workplace Resource Center provides technical assistance and guidance in developing and evaluating programs and policies designed to address alcohol and drug problems at work. TA is also provided on policy development, supervisor training, employee education, employee assistance programs, and drug testing.

TECHNICAL ASSISTANCE OTHERHEALTH

Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
http://www.samhsa.gov

- CSAT Treatment Improvement Protocols (TIPs)
  http://www.treatment.org/Externals/tips.html
  TIPs are best practice guidelines for the treatment of substance abuse.

- The Technical Assistance Publications (TAPs)
  http://www.treatment.org/Taps/
  TAPs are publications, manuals, and guides developed to offer practical responses to emerging issues and concerns in the substance abuse treatment field.

SUICIDE

The Center for Mental Health Services (CMHS)
Knowledge Exchange Network (KEN)
P. O. Box 42490
Washington, D.C. 20015
800-789-2647

- National Strategy for Suicide Prevention
  http://www.mentalhealth.org/suicideprevention/default.asp
  Offered through the Substance Abuse and Mental Health Services Administration (SAMHSA), the NSSP site offers many resources for researchers and program evaluators-databases, policy and legislation, suicide facts, state and private activities, and more.

WOMEN'S HEALTH

National Women's Health Information Center (NWHIC)
8550 Arlington Boulevard
Suite 300
Fairfax, VA 22031
800-994-WOMAN (800-994-9662)
888-220-5446 TDD
703-560-6598 Fax
http://www.4woman.gov
NWHIC, a service of the Office on Women's Health in the Department of Health and Human Services, provides a gateway to Federal and other women's health information resources.

YOUTH

National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health (DASH) Information Service
HealthyYouth
P. O. Box 8817
Silver Spring, MD 20907
888-231-6405
888-282-7681 Fax
http://www.cdc.gov/nccdphp/dash/

- School Health Program Guidelines
  http://www.cdc.gov/nccdphp/dash/guidelines/index.htm
  These guidelines include specific recommendations to help states, districts, and schools implement health programs and policies that have been found to be most effective in promoting healthy behaviors among youth. Guidelines are available for AIDS, Healthy Eating, Injury and Violence, Physical Activity, and Tobacco Use.

Resources

The following section is an alphabetical list of all the organizations listed in this Toolkit, except for state health departments and minority liaisons, and regional minority health consultants.

RESOURCES
ORGANIZATIONS

Administration for Children and Families (ACF)
200 Independence Avenue, SW
Washington, D.C. 20201
202-619-0257
http://www.acf.hhs.gov

Administration on Aging (AoA)
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501
http://www.aoa.gov/

Agency for Healthcare Research and Quality (AHRQ)
2101 East Jefferson Street
Suite 501
Rockville, MD 20852
301-594-1364
http://www.ahrq.gov

Agency for Healthcare Research and Quality (AHRQ)
Publications Clearinghouse
P. O. Box 8547
Silver Spring, MD 20907-8547
800-358-9295
410-381-3150 International
888-586-6340 TDD
301-594-2800 InstantFAX service
http://www.ahrq.gov

Agency for Toxic Substances and Disease Registry (ATSDR)
1600 Clifton Road
Atlanta, GA 30333
888-42-ATSDR (888-422-8737)
http://www.atsdr.cdc.gov/

AIDS Clinical Trials Information Service (ACTIS)
P. O. Box 6421
Rockville, MD 20849-6421
800-874-2572
301-519-0459 International
888-480-3739 TTY
301-519-6616 Fax
http://www.actis.org/

All Kids Count
750 Commerce Drive, Suite 400
Decatur, Georgia 30030
800-874-4338
http://www.allkidscount.org/

Alzheimer's Disease Education and Referral (ADEAR) Center
P. O. Box 8250
Silver Spring, MD 20907-8250
800-438-4380
301-495-3334 Fax
http://www.alzheimers.org

American Cancer Society (ACS)
1599 Clifton Road, NE
Atlanta, GA 30329
800-ACS-2345 (800-227-2345)
http://www.cancer.org

American Heart Association (AHA)
National Center
7272 Greenville Avenue
Dallas, TX 75231
800-AHA-USA-1 (800-242-8721)
http://www.americanheart.org

American Social Health Association (ASHA)
P. O. Box 13827
Research Triangle Park, NC 27709
919-361-8400
919-361-8425 Fax
http://www.ashastd.org

American Stroke Association (ASA)
National Center
7272 Greenville Avenue
Dallas, TX 75231
888-4-STROKE (888-478-7653)
http://www.strokeassociation.org

Bill & Melinda Gates Foundation
P. O. Box 23350
Seattle, WA 98102
206-709-3140
http://www.gatesfoundation.org/

TECHNICAL ASSISTANCE OTHERHEALTH

Blueprints for Violence Prevention
Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
900 28th Street, Suite 107
439 UCB
Boulder, CO 80309-0439
303-492-1032
303-443-3297 Fax
http://www.colorado.edu/cspv/blueprints/Default.htm

Bureau of Primary Health Care
4350 East West Highway
Bethesda, MD 20814
800-859-2386
http://bphc.hrsa.gov

Business Responds to AIDS and Labor Responds to AIDS Programs (BRTA/LRTA)
CDC National Prevention Information Network (NPIN)
P. O. Box 6003
Rockville, MD 20849-6003
800-458-5231
http://www.brta-lrta.org/

The California Endowment
21650 Oxnard Street
Suite 1200
Woodland Hills, CA 91367
818-703-3311
800-449-4149
http://www.calendow.org/

Cancer Care, Inc.
275 Seventh Avenue
New York, NY 10001
http://www.cancercare.org

Cancer Information Service (CIS)
National Cancer Institute (NCI)
9000 Rockville Pike
Bethesda, MD 20892
800-4-CANCER (800-422-6237)
800-332-8615 TTY
http://cis.nci.nih.gov/

Catalog of Federal Domestic Assistance
Federal Domestic Assistance Catalog Staff (MVS)
General Services Administration
1800 F Street, NW
Room 4032
Washington, D.C. 20405

CDC National Prevention Information Network (NPIN)
(HIV/AIDS, STDs, TB)
P. O. Box 6003
Rockville, MD 20849-6003
800-458-5231
800-243-7012 TTY
888-282-7681 Fax
301-562-1050 International Fax
http://www.cdcnpin.org

Center for Medicaid and State Operations
Center for Medicare and Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244
410-786-7144
http://www.cms.gov/medicaid
(see website for state/regional toll-free numbers)

Center for Medicare Management
Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244
800-MEDICARE (800-633-4227)
877-486-2048 TTY
http://www.medicare.gov

Center for Mental Health Services Knowledge Exchange Network
P. O. Box 42490
Washington, D.C. 20015
800-789-2647
301-443-1805 International
301-984-8796 Fax
301-443-9006 TDD
http://www.mentalhealth.org

RESOURCES
ORGANIZATIONS

Center for Substance Abuse Prevention (CSAP)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
http://www.samhsa.gov

Center for Substance Abuse Treatment (CSAT)
Substance Abuse and Mental Health Services Administration (SAMHSA)
5600 Fishers Lane
Rockville, MD 20857
301-443-8956
http://www.samhsa.gov

Center for Minority Veterans
The Veterans Administration
810 Vermont Avenue, NW
Washington, D.C. 20420
800-827-1000
http://www.va.gov

Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
800-311-3435
http://www.cdc.gov

Center for Community-Based Health Strategies
1825 Connecticut Avenue, NW
Washington, D.C. 20009-5721
202-884-8862
http://www.healthstrategies.org

Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244-1850
410-786-3000
http://cms.hhs.gov/

Centro de Evaluación: US/Mexico Border Health Evaluation Center
The University of Oklahoma School of Social Work
1005 South Jenkins Avenue, Rhyne Hall
Norman, OK 73019
405-325-0442
http://www.ou.edu/border/

Children's Safety Network (CSN)
National Injury and Violence Prevention Resource Center
Education Development Center,Inc.
55 Chapel Street
Newton, MA 02458-1060
617-969-7100, ext. 2207
http://www.edc.org/HHD/csn

ClinicalTrials.gov
8600 Rockville Pike
Bethesda, MD 20894
888-FIND-NLM (888-346-3656)
301-496-5511 TTY
301-594-5983 International
http://www.clinicaltrials.gov

Commonwealth Fund
One East 75th Street
New York, NY 10021
212-606-3800
http://www.cmwf.org

The Cross Cultural Health Care Program
2821 Beacon Avenue South
Seattle, WA 98144
206-860-0329
http://www.xculture.org/

Diabetes Today National Training Center
1700 Research Boulevard
Suite 400
Rockville, MD 20850
877-CDC-DIAB
301-294-5453
http://www.diabetestodayntc.org

DisabilityDirect
http://www.disabilities.gov

TECHNICAL ASSISTANCE OTHERHEALTH

Division of Adolescent and School Health (DASH) Information Service
HealthyYouth
P. O. Box 8817
Silver Spring, MD 20907
888-231-6405
888-282-7681 Fax
http://www.cdc.gov/nccdphp/dash

Division of Community and Migrant Health
Bureau of Primary Health Care
4350 East-West Highway, 7th Floor
Bethesda, MD 20814
301-594-4303
http://www.bphc.hrsa.gov/migrant/default.htm

Division of HIV/AIDS Prevention (DHAP)
National Center for HIV, STD and AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
404-639-2007 Fax
http://www.cdc.gov/hiv/

Division of Transplantation
Office of Special Programs
Health Resources and Services Administration (HRSA)
Parklawn Building, Room 7C-22
5600 Fishers Lane
Rockville, MD 20857
301-443-7577
301-443-1267 Fax
http://www.organdonor.gov

Environmental Protection Agency (EPA)
Headquarters Information Resources Center
401 M Street, SW
Mailcode 3404
Washington, D.C. 20460
202-260-5922
202-260-5153 Fax
http://www.epa.gov/natlibra/hqirc/about.htm

Federal Consumer Information Center
Pueblo, CO 81009
888-878-3256 Toll-free
719-948-9724 Fax
http://www.pueblo.gsa.gov

Food and Drug Administration (FDA)
5600 Fishers Lane
Rockville, MD 20857
888-INFO-FDA (888-463-6332)
http://www.fda.gov/

Food and Nutrition Information Center (FNIC)
National Agricultural Library
10301 Baltimore Avenue
Beltsville, MD 20705-2351
301-504-5719
301-504-6856 TTY
301-504-6409 Fax
http://www.nal.usda.gov/fnic/

The Foundation Center
79 Fifth Avenue
New York, NY 10003
212-620-4230
http://fdncenter.org/

Georgetown University Child Development Center
3307 M Street, NW
Suite 401
Washington, D.C. 20007-3935
202-687-5000
http://gucdc.georgetown.edu/

Government Printing Office
Superintendent of Documents
P. O. Box 371954
Pittsburgh, PA 15250-7954
202-512-1800
202-512-2250 Fax
http://www.gpo.gov/

Health Resources and Services Administration (HRSA)
5600 Fishers Lane
Rockville, MD 20857
http://www.hrsa.gov/

RESOURCES
ORGANIZATIONS

Health Resources and Services Administration (HRSA)
Information Center
P. O. Box 2910
Merrifield, VA 22116
888-275-4772 Toll-free
703-442-9051
703-556-4831 TTY/TDD
http://www.ask.hrsa.gov

Healthfinder
National Health Information Center (NHIC)
P. O. Box 1133
Washington, D.C. 20013-1133
800-336-4797
301-565-4167
301-468-1204 Fax
http://www.healthfinder.gov

Healthy People 2010
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
800-367-4725
http://www.health.gov/healthypeople

HIV/AIDS Treatment Information Service (ATIS)
P. O. Box 6303
Rockville, MD 20849-6303
800-448-0440
301-519-0459 International
301-519-6616 Fax
888-480-3739 TTY
http://www.hivatis.org

Immunization Action Coalition (IAC)
1573 Selby Avenue, Ste. 234
St. Paul, MN 55104
651-647-9009
651-647-9131 Fax
http://www.immunize.org

Indian Health Service (IHS)
Headquarters
The Reyes Building
801 Thompson Avenue
Suite 400
Rockville, MD 20852-1627
http://www.ihs.gov

Indoor Air Quality (IAQ) Information Clearinghouse
IAQ INFO
P. O. Box 37133
Washington, D.C. 20013-7133
800-438-4318
703-356-4020
703-356-5386 Fax
http://www.epa.gov/iaq/

InsureKids Now
HRSA's Office of Field Operations
Parklawn Building
Room 13A-55
5600 Fishers Lane
Rockville, MD 20857
877-KIDS NOW (877-543-7669)
http://www.insurekidsnow.gov

Lupus Foundation of America, Inc. (LFA)
1300 Piccard Drive, Suite 200
Rockville, MD 20850-4303
800-558-0121
301-670-9292
800-558-0231 Spanish
http://www.lupus.org

Managed Care Technical Assistance Center (MCTAC)
John Snow, Inc.
1616 N. Fort Myer Drive, 11th Floor
Arlington, VA 22209-3100
877-832-8635
http://www.jsi.com/hrsamctac/

Migrant Head Start Quality Improvement Technical Assistance Support Center
1255 23rd, NW
Washington, D.C. 20037
800-864-0465
http://www.mhsqic.org/

TECHNICAL ASSISTANCE OTHERHEALTH

National Adoption Information Clearinghouse (NAIC)
330 C Street, SW
Washington, D.C. 20447
888-251-0075
703-352-3488
703-385-3206 Fax
http://www.calib.com/naic

National Aging Information Center
U.S. Administration on Aging
Room 4656
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501
202-401-7620 Fax
http://www.aoa.gov/naic

The National Alliance for Hispanic Health
1501 Sixteenth Street, NW
Washington, D.C. 20036
202-387-5000
http://www.hispanichealth.org/

National Alliance of State and Territorial AIDS Directors (NASTAD)
444 North Capitol Street, NW
Suite 339
Washington, D.C. 20001
http://www.nastad.org

National Association of Counties (NACo)
440 First Street, NW
Suite #800
Washington, D.C. 20001
202-393-6226
202-393-2630 Fax
http://www.naco.org/

National Association of State Mental Health Program Directors (NASMHPD)
66 Canal Center Plaza, Suite 302
Alexandria, VA 22314
703-739-9333
http://www.nasmhpd.org/ntac/

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
CDC/DCPC
4770 Buford Hwy, NE
MS K64
Atlanta, GA 30341
888-842-6355
http://www.cdc.gov/cancer/nbccedp/index.htm

National Cancer Institute
Risk Factor Monitoring and Methods Branch
Applied Research Program
Division of Cancer Control and Population Sciences
EPN 4005
6130 Executive Blvd-MSC 7344
Bethesda, MD 20892-7344
301-496-8500
http://riskfactor.cancer.gov/index.html

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Centers for Disease Control and Prevention (CDC)
Mail Stop K-40
4770 Buford Highway NE
Atlanta, GA 30341-3717
770-488-5706
http://www.cdc.gov/nccdphp

National Center for Complementary and Alternative Medicine (NCCAM) Clearinghouse
P. O. Box 7923
Gaithersburg, MD 20898
888-644-6226
866-464-3615 TTY
866-464-3616 Fax
http://nccam.nih.gov/

National Center for Cultural Competence
3307 M Street, NW, Suite 401
Washington, D.C. 20007-3935
800-788-2066
202-687-8899 Fax
http://www.georgetown.edu/research/gucdc/nccc/

RESOURCES
ORGANIZATIONS

National Center for the Dissemination of Disability Research (NCDDR)
Southwest Educational Development Laboratory
211 East Seventh Street, Suite 400
Austin, Texas 78701-3281
800-266-1832
512-476-6861
512-476-2286 Fax
http://www.ncddr.org

National Center for Education in Maternal and Child Health (NCEMCH)
2000 15th Street North
Suite 701
Arlington, VA 22201
703-524-7802
703-524-9335 Fax
http://www.ncemch.org

National Center for Health Statistics (NCHS)
Division of Data Services
6525 Belcrest Road
Hyattsville, MD 20782-2003
301-458-4636
http://www.cdc.gov/nchs/

National Center for Infectious Diseases
Centers for Disease Control and Prevention
Mailstop C-14
1600 Clifton Road
Atlanta, GA 30333
888-4-HEP-CDC (888-443-7232)
http://www.cdc.gov/ncidod/

National Center for Injury Prevention and Control (NCIPC)
4770 Buford Highway, NE
Mailstop K65
Atlanta, GA 30341-3724
770-488-1506
770-488-1667 Fax
http://www.cdc.gov/ncipc/

National Center for HIV, STD and AIDS Prevention
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
Mail Stop E-49
Atlanta, GA 30333
800-342-2437
800-344-7432 Spanish
http://www.cdc.gov/hiv

National Center for Post Traumatic Stress Disorder (NCPTSD)
National Center for PTSD (116D)
Executive Division
215 North Main Street
White River Junction, VT 05009
802-296-5132
802-296-5135 Fax
http://www.ncptsd.org

National Child Care Information Center (NCCIC)
243 Church Street, NW
2nd Floor
Vienna, VA 22180
800-616-2242
800-516-2242 TTY
800-716-2242 Fax
http://nccic.org

National Clearinghouse for Alcohol and Drug Information (NCADI)
P. O. Box 2345
Rockville, MD 20847-2345
800-729-6686
301-468-2600
800-487-4889 TTY
301-230-2867 International TTY
301-468-6433 Fax
http://www.health.org

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW
Washington, D.C. 20847
800-394-3366
703-385-7565
703-385-3206 Fax
http://www.calib.com/nccanch/

TECHNICAL ASSISTANCE OTHERHEALTH

National Clearinghouse on Families & Youth (NCFY)
P. O. Box 13505
Silver Spring, MD 20911-3505
301-608-8098 Voice/TTY
301-608-8721 Fax
http://www.ncfy.com/

National Criminal Justice Reference Service (NCJRS)
P. O. Box 6000
Rockville, MD 20850
800-851-3420
301-519-5500 International
877-712-9279 TTY
301-947-8374 International TTY
http://www.ncjrs.org

National Diabetes Education Program (NDEP)
1 Diabetes Way
Bethesda, MD 20892-3600
800-860-8747
800-438-5383 Publications
301-907-8906 Fax
http://ndep.nih.gov/

National Diabetes Information Clearinghouse (NDIC)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
301-654-3327
301-907-8906 Fax
http://www.niddk.nih.gov/health/diabetes/ndic.htm

National Digestive Diseases Information Clearinghouse (NDDIC)
2 Information Way
Bethesda, MD 20892-3570
800-891-5389
301-654-3810
301-907-8906 Fax
http://www.niddk.nih.gov/health/digest/nddic.htm

National Domestic Violence Hotline
Texas Council on Family Violence
P. O. Box 161810
Austin, TX 78716
800-799-SAFE (800-799-7233)
800-787-3224 TTY
512-453-8541 Fax
http://www.ndvh.org/

National Eye Institute (NEI)
Office of Communication, Health Education, and Public Liaison
National Institutes of Health
2020 Vision Place
Bethesda, MD 20892-2510
301-496-5248
301-402-1065 Fax
http://www.nei.nih.gov

National Family Caregiver Support Program (NFCSP)
Administration on Aging (AoA)
330 Independence Avenue, SW
Washington, D.C. 20201
202-619-7501 National Aging Information Center
800-677-1116 Eldercare Locator - to find services for an older person in his or her locality
http://www.aoa.gov

National Fetal and Infant Mortality Review (NFIMR)
P. O. Box 96920
Washington, D.C. 20090-6920
202-863-2587
http://www.acog.org/ (Click on 'technical help' then click on 'NFIMR')

National Governor's Association (NGA)
Hall of States
444 North Capitol Street
Washington, D.C. 20001-1512
202-624-5300
http://www.nga.org/

National Heart, Lung, and Blood Institute (NHLBI) Health Information Center
P. O. Box 30105
Bethesda, MD 20824-0105
301-592-8573
240-629-3255 TTY
301-592-8563 Fax
http://www.nhlbi.nih.gov

RESOURCES
ORGANIZATIONS

National Health Resource Center on Domestic Violence
Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103
888-RX-ABUSE (888-792-2873)
415-252-8900
415-252-8991 Fax
http://endabuse.org/programs/healthcare

National Highway Traffic Safety Administration (NHSTA)
Department of Transportation
400 Seventh Street, SW
NTS-21
Washington, D.C. 20590
888-DASH-2-DOT (888-327-4236)
202-366-5399
202-493-2062 Fax
http://www.nhsta.dot.gov

The National Immunization Program (NIP)
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Mailstop E52
Atlanta, GA 30333
800-232-2522
800-243-7889 TTY
404 639 8828 Fax
http://www.cdc.gov/nip

National Information Center on Health Services Research and Health Care Technology (NICHSR)
National Library of Medicine
8600 Rockville Pike
Building 38A, Room 4S-410
Mail Stop 20
Bethesda, MD 20894
301-496-0176
301-402-3193 Fax
http://www.nlm.nih.gov/nichsr/nichsr.html

National Information Center for Children and Youth with Disabilities (NICHCY)
P. O. Box 1492
Washington, D.C. 20013-1492
800-695-0285 Voice/TTY
202-884-8200 Voice/TTY
202-884-8441 Fax
http://www.nichcy.org

National Institute for Occupational Safety and Health (NIOSH)
4676 Columbia Parkway
Cincinnati, OH 45226
800-35-NIOSH (800-356-4674)
513-533-8573 Fax
http://www.cdc.gov/niosh

National Institute of Allergy and Infectious Diseases (NIAID)
Office of Communications and Public Liaison
Building 31, Room 7A-50
31 Center Drive, MSC 2520
Bethesda, MD 20892-2520
301-496-5717
301-402-0120 Fax
http://www.niaid.nih.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) Information Clearinghouse
National Institutes of Health
1 AMS Circle
Bethesda, MD 20892-3675
877-22-NIAMS
301-495-4484
301-565-2966 TTY
301-718-6366 Fax
http://www.niams.nih.gov/

National Institute of Child Health and Human Development (NICHD) Clearinghouse
P. O. Box 3006
Rockville, MD 20847
800-370-2943
888-320-6942 TTY
301-984-1473 Fax
http://www.nichd.nih.gov/publications/health.cfm

RESOURCES
ORGANIZATIONS

National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK)
1 Information Way
Bethesda, MD 20892-3560
800-860-8747
http://www.niddk.nih.gov/

National Institutes of Health (NIH)
Get street address
Bethesda, MD 20892
301-496-4000
http://www.nih.gov

National Institute of Mental Health (NIMH)
NIMH Public Inquiries
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
301-443-4513
301-443-4279 Fax
http://www.nimh.nih.gov

National Institute of Neurological Disorders and Stroke (NINDS)
Brain Resources and Information Network (BRAIN)
NINDS/NIH
P. O. Box 5801
Bethesda, MD 20824
800-352-9424
301-496-5751 Fax
http://www.ninds.nih.gov

National Institute on Aging Information Center
P. O. Box 8057
Gaithersburg, MD 20898-8057
800-222-2225
301-496-1752
301-589-3014 Fax
http://www.nia.nih.gov/health/

National Institute on Deafness and Other Communication Disorders (NIDCD) Information Clearinghouse
1 Communication Avenue
Bethesda, MD 20892-3456
800-241-1044
800-241-1055 TTY
301-907-8830 Fax
http://www.nidcd.nih.gov/health/health.htm

National Kidney and Urologic Diseases Information Clearinghouse (NKUDIC)
3 Information Way
Bethesda, MD 20892-3580
800-891-5390
301-654-4415
301-907-8906 Fax
http://www.niddk.nih.gov/health/kidney/kidney.htm

National Lead Information Center
801 Roeder Road
Suite 600
Silver Spring, MD 20910
800-424-LEAD (800-424-5323)
301-588-8495 Fax
http://www.epa.gov/lead/nlic.htm

National Library of Medicine (NLM)
8600 Rockville Pike
Bethesda, MD 20894
888-FIND-NLM (888-346-3656)
301-496-5511 TTY
301-594-5983 International
http://www.nlm.nih.gov

National Library Service for the Blind & Physically Handicapped
Library of Congress
Washington, D.C. 20542
202-707-5100
202-707-0712 Fax
202-707-0744 TTY
http://www.loc.gov/nls/

National Marrow Donor Program
Suite 500
3001 Broadway Street Northeast
Minneapolis, MN 55413-1753
800-MARROW2 (800-627-7692)
http://www.marrow.org

RESOURCES
ORGANIZATIONS

National Maternal and Child Health Clearinghouse (NMCHC)
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182
888-434-4624
703-821-2098 Fax
http://www.nmchc.org

National Maternal and Child Oral Health Resource Center
2000 15th Street, North
Suite 701
Arlington, VA 22201-2617
703-524-7802
703-524-9335 Fax
http://www.mchoralhealth.org/

National Oral Health Information Clearinghouse (NOHIC)
1 NOHIC Way
Bethesda, MD 20892-3500
301-402-7364
301-656-7581 TTY
301-907-8830 Fax
http://www.nohic.nidcr.nih.gov

National Rehabilitation Information Center (NARIC)
10001 Derekwood Lane
Suite 115
Lanham, MD 20706
301-459-5900
http://www.naric.com/

National Resource Center for Safe Schools
Northwest Regional Educational Laboratory
101 Southwest Main Street, Suite 500
Portland, OR 97204
800-268-2275
http://www.safetyzone.org

National Resource Center on Homelessness and Mental Illness
Policy Research Associates, Inc.
345 Delaware Avenue
Delmar, NY 12054
800-444-7415
518-439-7612 Fax
http://www.nrchmi.com/

National Sudden Infant Death Syndrome (SIDS) Resource Center
2070 Chain Bridge Road
Suite 450
Vienna, VA 22182
866-866-7437 Toll-free
703-821-2098 Fax
http://www.sidscenter.org

National Youth Violence Prevention Resource Center (NYVPRC)
8401 Colesville Road
Suite 200
Silver Spring, MD 20910
888-Safeyouth (888-723-3968)
800-243-7012 TTY
301-562-1001 Fax
http://www.SAFEYOUTH.org

National Women's Health Information Center (NWHIC)
8550 Arlington Boulevard
Suite 300
Fairfax, VA 22031
800-994-WOMAN (800-994-9662)
888-220-5446 TDD
703-560-6598 Fax
http://www.4woman.gov

New York University (NYU)
Center for Immigrant Health
Division of Primary Care
NYU School of Medicine
550 First Avenue
New York, NY 10016
212-263-8783
http://www.med.nyu.edu/cih/

RESOURCES
ORGANIZATIONS

NIH Osteoporosis and Related Bone Diseases-National Resource Center
1232 22nd Street, NW.
Washington, D.C. 20037-1292
800-624-2663
202-223-0344
202-466-4315 TTY
202-293-2356 Fax
http://www.osteo.org

Office of Minority Health Resource Center (OMHRC)
P. O. Box 37337
Washington, D.C. 20013-7337
800-444-6472
301-230-7874
301-230-7198 Fax
http://www.omhrc.gov

Office of Orphan Products Development
Food and Drug Administration
5600 Fishers Lane
Rockville, MD 20857
800-300-7469
301-827-3666
301-443-4915 Fax
http://www.fda.gov/orphan/

Office of Population Affairs (OPA)
OPA Clearinghouse
P. O. Box 30686
Bethesda, MD 20824-0686
301-654-6190
301-215-7731 Fax
http://opa.osophs.dhhs.gov/clearinghouse.html

Office of Rare Diseases (ORD)
National Institutes of Health
31 Center Drive
Room 1B19, MSC 2084
Bethesda, MD 20892-2084
301-402-4336
301-480-9655 Fax
http://rarediseases.info.nih.gov/

Office of Refugee Resettlement
Administration for Children and Families
370 L'Enfant Promenade, SW
6th Floor /East
Washington, D.C. 20447
202-401-9250
202-401-5487 Fax
http://www.acf.dhhs.gov/programs/orr/index.htm

Office on Smoking and Health
Centers for Disease Control and Prevention
Publications Catalog, Mail Stop K-50
4770 Buford Highway, NE
Atlanta, GA 30341-3724
800-CDC-1311 (800-232-1311)
770-488-5705
770-332-2552 Fax
http://www.cdc.gov/tobacco

Presidents Council on Physical Fitness and Sports
Department W
200 Independence Avenue, SW
Room 738-H
Washington, D.C. 20201-0004
202-690-9000
202-690-5211 Fax
http://www.fitness.gov

Program Support Center (PSC)
Director of Customer Relations
5600 Fishers Lane
Room 17A-39
Rockville, MD 20857
301-443-1494
http://www.psc.gov/

Public Health Foundation
1220 L Street, NW
Suite 350
Washington, D.C. 20005
202-898-5600
http://www.phf.org

The Public Health Training Network (PHTN)
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333
800-41-TRAIN (800-418-7246)
http://www.phppo.cdc.gov/PHTN//default.asp

Resources for Cross Cultural Health Care
8915 Sudbury Road
Silver Spring, MD 20901
301-588-6051
http://www.DiversityRx.org

The Robert Wood Johnson Foundation
Route 1 and College Road East
P. O. Box 2316
Princeton, NJ 08543-2316
609-452-8701
http://www.rwjf.org

Rural Information Center Health Service (RICHS)
National Agricultural Library, Room 304
10301 Baltimore Avenue
Beltsville, MD 20705-2351
800-633-7701
301-504-5547
301-504-5181 Fax
301-504-6856 TDD/TTY
http://www.nal.usda.gov/ric/richs

SafeUSA
P. O. Box 8198
Silver Spring, MD 20907-8198
888-252-7751
http://www.cdc.gov/safeusa/

The Sickle Cell Information Center
P. O. Box 109
Grady Memorial Hospital,
80 Jessie Hill Jr Drive SE,
Atlanta, GA 30303
404-616-3572
http://www.scinfo.org/

Substance Abuse & Mental Health Services Administration (SAMHSA)
SAMHSA's Workplace Resource Center
Division of Workplace Programs
5600 Fishers Lane
Rockwall II Building, Room 815
Rockville, MD 20857
800-Workplace
http://workplace.samhsa.gov

Texas Medical Foundation
Barton Oaks Plaza Two, Suite 200
901 Mopac Expressway South
Austin, TX 78746-5799
888-691-9167
http://www.dqip.org/

Tribal Child Care Technical Assistance Center (TriTAC)
P. O. Box 1221
Pawhuska, OK 74056
800-388-7670
http://www.nccic.org/tribal/

UCLA / School Mental Health Project (SMHP)
Center for Mental Health in Schools
Department of Psychology
P. O. Box 951563
Los Angeles, CA 90095-1563
310-825-3634
http://smhp.psych.ucla.edu

U.S. Conference of Mayors (USCM)
1620 Eye Street, NW
Washington, D.C. 20006
202-293-7330
202-293-2352 Fax
http://www.usmayors.org/

U.S. Consumer Product Safety Commission (CPSC)
Washington, D.C. 20207-0001
800-638-2772
301-504-0990
http://www.cpsc.gov

U.S. Department of Education
Office for Civil Rights
400 Maryland Avenue, SW
Washington, D.C. 20202-1100
800-421-3481
877-521-2172 TDD
202-205-9862 Fax
http://www.ed.gov/offices/OCR

RESOURCES
ORGANIZATIONS

U.S. Equal Employment Opportunity Commission (EEOC)
Equal Employment Opportunity Commission
1801 L Street, N.W.
Washington, D.C. 20507
800-669-4000
202-663-4900
http://www.eeoc.gov

Violence Against Women Office (VAWO)
U.S. Department of Justice
810 7th Street, NW
Washington, D.C. 20531
202-307-6026
202-307-2277 TTY
202-307-3911 Fax
http://www.ojp.usdoj.gov/vawo/welcome.html

Weight-control Information Network (WIN)
1 WIN Way
Bethesda, MD 20892-3665
877-946-4627 Toll-free
202-828-1025
202-828-1028 Fax
http://www.niddk.nih.gov/health/nutrit/nutrit.htm

White House Office of National Drug Control Policy (ONDCP)
Drug Policy Information Clearinghouse
P. O. Box 6000
Rockville, MD 20849-6000
800-666-3332
301-519-5212 Fax
http://www.whitehousedrugpolicy.gov/about/clearingh.html